



Scottish GP Patient Experience Survey 2009/10

Volume 3: Findings from the Analysis of Patient Comments

**SCOTTISH GP PATIENT EXPERIENCE SURVEY
2009/10, VOLUME 3: FINDINGS FROM THE
ANALYSIS OF PATIENT COMMENTS**

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1 EXECUTIVE SUMMARY

About the survey

- 1.1 The GP Patient Experience Survey is a large postal survey which was carried for the Better Together Scotland's Patient Experience Programme in 2009/10. The main purpose of the survey was to seek patients' views about their experiences of using their GP practice over the last twelve months. The main statistical findings from the survey have already been reported and are being used by GP practices to improve services. The national report is available here: <http://www.scotland.gov.uk/Publications/2010/07/23150856/0>
- 1.2 This report presents the findings of analysis of the comments left by patients in Question 20 in the survey which asked "*If there is anything else you would like to tell us about your experiences at your GP surgery, please write your comments in the box below*". Of the 185,989 surveys completed 43,543 respondents (23%) left a comment.
- 1.3 All comments were reviewed to remove material that could potentially identify patients, their families or staff e.g. names, diagnosis. They were then assigned a high-level theme based on the key issues raised by patients. Generally speaking these themes related closely to the main areas of the patient journey contained in the survey, from first contact with the GP practice, staff involved in care, medicines and treatment, through to overall experience.
- 1.4 The Table 1 below shows the total number of legible comments within each theme

Table 1: Total number of legible comments within each theme

Theme	Number of comments	%
Access	15,843	38
Overall and other issues	10,850	26
Consultation with doctors	7,578	18
Medicines/ treatment	2,774	7
Receptionists/Practice Manager	2,655	6
Facilities and buildings	1,624	4
Consultation with the nurse	718	2
Total	42,042	

Note: percentages do not add up due to rounding

Note: total comments received was 43,730 but some were suppressed e.g. if they were illegible

- 1.5 Within these themes a number of more specific topics were identified and these are summarised below under each of the high level themes.

Access

- 1.6 'Access' was the biggest thematic group within the comments: 38 per cent of comments left by patients related to this theme. Although the majority of

access comments left by patients were negative, the overall statistical results of the survey were mainly positive: only six per cent rated the overall arrangements for getting to see a doctor as poor or very poor. The equivalent finding was two per cent for nurses.

- 1.7 However the survey suggested that a sizeable minority of patients experienced problems with access, particularly around being able to book in advance; getting an emergency appointment; and seeing their preferred doctor or nurse. These problems generally correspond with the comments left by patients many of whom emphasised issues with phoning for on the day / emergency appointments; inability to make appointments in advance, including follow-up ones; and lack of ability to book with preferred doctor.

Receptionists/practice manager

- 1.8 Six per cent of patients' comments related to the theme of receptionists/practice manager. These comments were generally more negative than positive. This is in contrast with the survey statistical results reported in the national report where receptionists received positive feedback. The main issue raised in the negative comments concerned the attitude of some reception staff as well as concerns about having to disclose too much health information at the reception desk.

Doctors

- 1.9 'Doctor' was the third largest group of comments, representing 18 per cent of all comments. The majority of comments were positive which corresponds with the main statistical findings. Most of the comments left by patients suggested general praise for doctor, particularly around the quality of service provided by GPs, taking time to listen to patients and their commitment and efforts to accommodate patient needs.
- 1.10 A fewer number of patients left negative comments, but those that did tended to suggest instances where doctors did not demonstrate such positive behaviours described above. Some patients also identified problems around the treatment of mental health problems, for example a perception that some doctors may be too quick to prescribe medicines rather than look into causes and consider other treatments.

Nurses

- 1.11 'Nurse' was the smallest group of comments, representing two per cent of all comments left by patients. There was a mix of negative and positive comments, although nurses were actually rated very positively in the survey statistical results. Particular praise related to the overall manner and caring approach of nurses as well as the ability of nurses to provide clear explanations around treatment and conditions. Like the comments about doctors, where patients raised concerns, these tended to contradict the positive comments about nurses. The main issues raised by patients

included: attitude of some nurses; perception of not enough nursing staff at GP surgery; and perception that some nursing staff lacked enough knowledge about conditions.

Medicines/Treatment

- 1.12 'Medicines/Treatment' was one of the smaller thematic groups within the comments (7 per cent of all comments). The main issue identified in the 'Medicines/Treatment' comments was the inability to get referral to another health professional or service within an acceptable time frame.
- 1.13 Other issues highlighted by patients related to medicines. Some patients highlighted a lack of understanding about their medicines, while others suggested that there should be medication reviews carried out by doctors for those on long-term prescriptions. Finally there were concerns raised about repeat prescriptions particularly around the wait for repeat prescriptions and coordination problems between GP surgery and pharmacy.

Facilities/Buildings

- 1.14 'Facilities/Buildings' was one of the smallest thematic groups within the comments and accounted for four per cent of all comments left by patients. The main issue which arose in 'Facilities/Buildings' comments related to the cleanliness and overall presentation of the surgery, both positive and negative. Another issue related to privacy at the reception desk, with comments suggesting that patients felt uncomfortable discussing health matter in front of other patients.

Overall experience and other issues

- 1.15 'Overall' was the second biggest thematic group, accounting for 26 per cent of all comments. The overwhelming majority of comments were positive and were simply general praise. This is reflected in the statistical findings from the national report which showed that nine out of ten patients rated the overall care provided by their GP surgery as good or excellent.

Conclusion

- 1.16 The analysis of the patients' comments at a national level has allowed us to understand in more depth some of issues which are important to patients. In some cases the analysis has provided better insights into the main quantitative survey results reported in the national report. It has also identified other issues not covered by the survey, for example referral processes to other health professionals or services and concerns about treating mental health problems.
- 1.17 In carrying out this analysis, it has reinforced the importance of viewing, both nationally and locally, the main statistical survey results alongside patients' comments to gain the best insights into the main areas for improvement.

2 INTRODUCTION

- 2.1 The GP Patient Experience Survey is a large postal survey which was carried for the Better Together Scotland's Patient Experience Programme in 2009/10. The survey was sent to a random sample of people who were registered as GP patients in Scotland. The main purpose of the survey was to seek patients' views about their experiences of using their GP practice over the last twelve months. In particular, the survey asked about: making an appointment; visiting reception; seeing a nurse and/or doctor at the surgery; receiving prescribed medicine; and overall care provided the practice. The main statistical findings from the survey have already been reported at local and national levels and are being used by GP practices to improve services. The national report is available here:
<http://www.scotland.gov.uk/Publications/2010/07/23150856/0>
- 2.2 This report presents the findings of analysis of the comments left by patients in Question 20 in the survey which asked "*If there is anything else you would like to tell us about your experiences at your GP surgery, please write your comments in the box below*". Of the 185,989 surveys completed 43,543 respondents (23%) left a comment.

Better Together Programme

- 2.3 Better Together is Scotland's Patient Experience Programme, using the people's experiences of NHSScotland to improve health services.
- 2.4 The Better Together programme supports the *Healthcare Quality Strategy for NHSScotland* (or *Quality Strategy*) by providing a basis for the measurement of quality as experienced by service users across Scotland, in addition to support for local improvement.
- 2.5 The ultimate aim of the *Quality Strategy* is to deliver the highest quality health and care services to people in Scotland, and through this to ensure that NHSScotland is recognised by the people of Scotland as amongst the best in the world. The Better Together programme provides opportunities for people in Scotland to comment on their experience of healthcare and its impact on their quality of life and the 2009/10 Scottish GP survey is an example this work. Since the 2009/10 GP survey, another modified GP survey has been carried out, this time incorporating other local NHS services, including out of hours services. Further information on the results of this survey can be found at: <http://www.scotland.gov.uk/gp-survey-national-report-2012>
- 2.6 The Better Together programme also includes the Scottish Inpatient Patient Experience Survey. Further information on the inpatient survey can be found at:
<http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/InpatientSurvey>
- 2.7 Further information about the Quality Strategy can be found at:
<http://www.scotland.gov.uk/Topics/Health/NHS-Scotland/NHSQuality>

Survey fieldwork and response

- 2.8 The sample for the 2009/10 GP survey was designed to provide results for individual GP practices as well as providing information for use by NHSScotland and NHS boards. Patients who were sent the survey were randomly sampled from the lists of patients registered with each GP practice in Scotland. This was done confidentially by Information Services Division (ISD) of the NHS National Services Scotland¹. The survey was administered by Picker Europe², a charity which provides support for patient experience surveys, with support from ISD and the Scottish Government. Fieldwork for the survey began on November 20, 2009 and ended on April 16, 2010.
- 2.9 In total 485,380 surveys were sent to patients and 185,989 were returned completed giving an overall response rate of 38 per cent. Patients were asked to only respond to the survey if they had contact with their GP surgery in the last 12 months.
- 2.10 More information on the 2009/10 GP patient experience survey design, response rates and methodology can be found in the technical report <http://www.scotland.gov.uk/gpsurveytechnicalreport>

Processing and analysing patient comments

- 2.11 There were 43,543 patients who left comments from the 2009/10 GP Patient Experience survey. These required to be processed so that they could be uploaded onto an online system for GP practices to access. There were four elements to this process:
1. review of the comments to remove disclosive material such as patient or staff names - undertaken by Picker Europe;
 2. comments were rechecked to ensure they did not contain any details that could disclose a patient's identity;
 3. identification key themes arising from the comments;
 4. comments were identified as positive, negative or neutral.
- 2.12 Given that the population of some remote rural practices is small, it was important that all comments were rechecked to ensure they did not contain any details that could disclose a patient's identity. Details such as diagnosis, age, place names, were removed using a coding and sanitisation guide.
- 2.13 As a result of reviewing the comments 1,501 were unable to be shared with GP practices as they were deemed unusable, partly because they no longer made sense due to a large amount of disclosive information having to be

¹ <http://www.isdscotland.org/> The Information Services Division (ISD) is a division of National Services Scotland, part of NHSScotland. ISD provides health information, health intelligence, statistical services and advice that support the NHS in progressing quality improvement in health and care and facilitates robust planning and decision making.

² <http://www.pickereurope.org/>

removed. In addition some comments were not shared with GP surgeries if they were completely illegible.

- 2.14 As part of the comment review process, key themes were identified. In the first instance the comments were assigned a high-level theme based on the key issues raised by patients. Generally speaking these themes related closely to the main areas of the patient journey contained in the survey, from first contact with the GP practice, staff involved in care, medicines and treatment, through to overall experience. This enabled us to provide comments for an individual GP practice by topic to make them easier to review locally.
- 2.15 Within the high level themes, a number of more specific topics areas were identified and comments were classified as positive, neutral or negative. Where a comment contained a mix of positive and negative points with the main focus of the comment being negative, this was classed as negative. The reason for this approach was to highlight any areas which were identified by patients as requiring attention. For example the following comment was coded as negative.

“Overall the GP surgery is good. However the receptionists are very rude inappropriate and sometimes can be quite offensive. I am not happy with this.”

- 2.16 Table 2 below shows the total number of comments within each theme

Table 2: Total number of legible comments within each theme

Theme	Number of comments	%
Access	15,843	38
Overall and other issues	10,850	26
Consultation with doctors	7,578	18
Medicines/ treatment	2,774	7
Receptionists/Practice Manager	2,655	6
Facilities and buildings	1,624	4
Consultation with the nurse	718	2
Total	42042	

Note: percentages do not add up due to rounding

Note: total comments received was 43,730 but some were suppressed e.g. if they were illegible

This Report

- 2.17 Using the comments made by those who responded to the survey allows for a deeper understanding of what is important to patients and means that areas of service achievement can be reinforced. It also highlights areas which need improved. The comments have already been made available to each GP practice. This report is based on collective analysis of the comments at a national level to highlight areas of success and areas for improvement.

- 2.18 Given that the comments closely reflected the main themes within the patient journey, the report is structured around: access to services; doctors and nurses; medicines; facilities/environment; and overall experience. Within these areas, subthemes are also reported which provide more detailed understanding of the specific areas patients identified as important. Quotes have been used in this report as they help to substantiate findings.
- 2.19 One of the most noticeable things about the comments is that there are more negative comments than positive ones. However, this does not reflect the overall results of the survey, as these were in the main positive. It is unclear the precise reasons for this and further analysis of the relationships between responses to quantitative survey questions and the comments is required. It may be that patients, who were less positive in answering the quantitative survey questions, were more likely to leave a comment which was negative. However it is also possible that patients who provided overall positive responses in the main survey, made negative comments on specific issues. For example, in assessing whether the receptionist was polite and helpful, patients may have responded positively to this question if the majority of reception staff were felt to be polite and helpful and only one was not helpful. In these cases patients may have been inclined to comment on the one staff member who was unhelpful.
- 2.20 It is also worth noting that some comments were classed as negative because they contained mostly negative points, but they may also have contained positive points (see para 2.15). This is a limitation of the analysis and we have therefore avoided specifically quantifying the number of positive and negative comments but the analysis has allowed us to provide a broad indication of the spread of comments. Given the differences between the comments and survey results, we have presented the findings from the comments in context of the overall findings of the survey.

3 ACCESS TO SERVICES

- 3.1 The patient's journey begins with contacting the surgery. From the comments left, the theme of 'Access' covered anything related to getting an appointment, getting through on the phone, seeing a specific doctor (or being able to see, for example, a female doctor), and the time to wait in the waiting room. It also covered any comments relating to access to repeat prescriptions, test results, appointment length, continuity of doctors, and anything mentioning well-man/woman clinics and preventative screening.
- 3.2 The comments coded as 'Access' formed the largest thematic group within the framework. There were 15,843 (38 per cent of comments) comments coded as 'Access'. This group is comprised mainly of negative views and only a small number of positive comments. This finding may be explained by the survey statistical results which generally showed that a sizeable minority of patients experienced some problems accessing GP services particularly around booking appointments in advance, seeing a preferred doctor and getting to speak to a doctor or nurse within two working days. However 81 per cent rated the overall arrangements to see a doctor as good or excellent and 87 per cent rated the arrangements to see a nurse as good or excellent.
- 3.3 The main themes to emerge from the analysis of positive comments relating to access were:
- good appointment system (open surgery/on the day only/advanced booking);
 - opening outside normal working hours, for example, early mornings/evenings/weekends.
 - able to get an appointment within a reasonable time frame;
 - able to see preferred doctor;
 - adequate time for consultation;
 - children always seen quickly – time is made for them;
 - use of technology – e-mail repeat prescriptions, online appointments and electronic check-in;
 - use of phone consultations as an alternative to appointments.
- 3.4 Within the group of negative comments, the major issues identified by patients were:
- difficult to get through on the phone in the morning for on-the-day/emergency appointments;
 - not enough on-the-day/advanced appointments/open surgeries – appointment systems are not good, it is difficult to ever see a doctor;

- waiting times too long to get an appointment;
- not able to see preferred doctor, or male/female doctor as either not available or the surgery doesn't have both male and female doctors.
- need to have more clinics such as well-man/woman clinics and other preventative methods – particularly for older patients.
- use 0845 numbers for surgery which due to costs especially for mobiles, and if there are difficulties getting through.

3.5 Patients commented on a range of different appointment systems. Every system received both positive and negative comments; what suited one patient did not suit another. In addition, the acceptable level of time to wait for an appointment varied between patients. However, judging from the large number of comments, it would appear that the system requiring patients to phoning first thing in the morning for an appointment that day was disliked more than the others. This is mainly because it results in very busy phone lines in the morning and uncertainty as to whether patients will get through on time to get an appointment.

“It is very difficult to get an appointment fairly quickly - it is hard to get through to the surgery first thing in the morning as it's always engaged. Sometimes when you do get through there are no appointments left.”

3.6 This appointment system was also criticised as being unsuitable for working patients due to the difficulties of calling during travel and work time. It was also felt by some that it doesn't allow for planning time off for appointments.

“I feel the appointment system does not take into account people who work on a shift pattern.”

3.7 There were some patients who were positive about a mixed appointment system as it consisted of open surgery and pre-bookable appointments which it was felt were more suited to the wider needs of the community.

“Open surgery system in morning and appt. system in evening. Personally I think this runs very well.”

3.8 This ties in with the comments that are praising (or criticising the lack of) early morning/evening/weekend appointments because they allow working people to see doctors and nurses without it interfering with their work day.

“The introduction of late night and Saturday morning surgery is excellent.”

3.9 While some people had very positive experiences in getting an appointment; others found it difficult. There were also many comments about problems with the length of time to wait to see a doctor once an appointment had been made.

"It often takes too long to get an appointment - if I phone on a Monday sometimes the next available appointment is not until the following week. There is sometimes quite a long wait in the surgery to see the doctor."

- 3.10 Comments were also made by patients about the length of the time to wait in the surgery after their allotted appointment time. For some patients, a 'reasonable' wait was felt to be acceptable as it indicated that patients were not being rushed through appointments:

"...appointment times usually run slightly late because you never feel pressured in the consultation. So the doctor takes time to make sure everything is ok without watching the clock."

- 3.11 Conversely, others were concerned by the wait at the surgery. Some were concerned about waiting for a long time only to be with the doctor for a short period. Others pointed out that if patients were late for an appointment, there was a risk of not being seen:

"If you are late 1 minute they cancel the appointment but the GP can keep you more than 1 hour to wait I think that is not fair."

- 3.12 Some patients complained about the inability to book follow-up appointments with their doctor or nurse in advance. For example some pointed out that they had been advised to do so by the doctor or nurse but were told by the receptionist that either advance appointments were not available and they should call on the day they required the appointment, or that it was too far in advance and to call back nearer the time.

"When asked to make a follow up appointment could not do it as surgery computer system could only work 2-3 weeks ahead of present date."

- 3.13 These comments correspond with the main survey findings in the national report which suggested that a sizeable minority of patients had problems booking appointments in advance.

- 3.14 Another finding of the main survey was that some patients reported difficulties in getting appointments with preferred doctor/ nurse. This was a concern which ran through many of the 'Access' comments. A number of patients suggested that this left them feeling fairly anonymous as the doctors they were seeing would not necessarily know them, their circumstances, and any pre-existing conditions and treatments.

The G.P. who knows my medical problems (which are considerable) is excellent, but there is often a long wait to see her and it is not practical too see another G.P as it would take too long to explain my problems.

- 3.15 Some went further and suggested that this was detrimental to their care, particularly where they had long term conditions or ongoing medical problems. It was said by some that there was no longer a feeling of having a 'family

doctor' which led to treatment of symptoms and no opportunity for further investigation or holistic care.

"I miss having a family doctor one who knows all about me and my family. I rarely see the same doctor as I take easiest appointments. As a result my assigned GP is rarely seen. They seem very rushed and don't have time to look into your medical history in any great depth. I find I prefer some doctors in the practice to others but rarely get the chance to see the same one as I take first appointments available when ill which is not often."

Summary

- 3.16 'Access' was the biggest thematic group within the comments: 38 per cent of comments left by patients related to this theme. Although the majority of access comments left by patients were negative, the overall statistical results of the survey were mainly positive: only six per cent rated the overall arrangements for getting to see a doctor as poor or very poor. The equivalent finding was two per cent for nurses.
- 3.17 However the survey suggested that a sizeable minority of patients experienced problems with access, particularly around being able to book in advance; getting an emergency appointment; and seeing their preferred doctor or nurse. These problems generally correspond with the comments left by patients many of whom emphasised issues with phoning for on the day / emergency appointments; inability to make appointments in advance, including follow-up ones; and lack of ability to book with preferred doctor.

4 RECEPTIONISTS/PRACTICE MANAGER

- 4.1 The group of comments which were identified as 'Receptionists/Practice Manager' was the fifth largest group; there were 2,655 comments (6 per cent of all comments). Although the patient comments comprised mostly of negative ones, the statistical findings in the national report showed that 94 per cent of respondents found the receptionist polite and helpful always or most of the time. As noted above, the difference may be partly explained by the fact that those who were less positive, tended to leave negative comments.
- 4.2 There were some comments relating to phoning to get an appointment which included complaints of having to tell the receptionist too much about the reason for an appointment. Depending on the wording of the comment, some of these have been coded as 'Receptionists/Practice Manager' rather than 'Access'.
- 4.3 The main themes to emerge from the analysis of positive comments relating to receptionists and practice managers were:
- general overall praise of manner and efficiency of receptionists and practice managers;
 - reception staff recognise and know patient and/or family;
 - praise for the efforts of receptionist staff to accommodate patient needs.
- 4.4 The main themes to emerge from the analysis of negative comments relating to receptionists and practice managers were:
- general overall dissatisfaction with manner and attitude of, or service provided by, receptionists and practice managers;
 - amount of time taken to be acknowledged/greeted at reception upon arrival;
 - being requested for information about the reason for appointment;
 - confidentiality – concern that reception staff know too much about patients, especially in smaller rural practices;
 - complaints that receptionists can be heard discussing patients openly in front of others patients; lacking discretion;
 - comments that were overall very happy with their practice, but that the one area that let the whole place down was the receptionists/practice manager.
- 4.5 The positive comments left tended to be very general statements of satisfaction. In addition there were specific comments which tended to relate to one particular person or incident, or praising an individual action.

"Receptionists are great always willing to help."

“In my opinion this is a very well run surgery led by a doctor in whom patients have very confidence. The staff of X practice and receptionists are efficient, helpful and interact very well with the people that they deal with.”

- 4.6 The majority of negative comments tended to be fairly general, with a few recurring themes. One major theme was the attitude and manner of reception staff; in many of comments the receptionists were felt to be impolite or unhelpful and this was felt to be particularly difficult for patients especially if they felt unwell:

“Rarely found the receptionists polite or helpful and certainly not welcoming. They need to show a more sympathetic approach at the reception desk. They are the first point of contact. They should take a leaf out of hotel receptionists corporate smile, corporate behaviour.”

- 4.7 Some comments also described how patients would be left standing at the desk whilst members of staff continued their own (often non-work related) conversations without even being acknowledged:

“The receptionists are not always ready to engage with patients - often I am kept waiting before any eye contact or communication with these people. Phone discussions appear to take priority over face-to-face discussion.”

- 4.8 Some respondents went further and suggested that in some cases reception staff could benefit from undertaking ‘customer-care’ training.

- 4.9 Other recurring themes included ‘access’ and ‘privacy within surgery’. In many comments patients felt that the amount of information that had to be revealed to receptionist staff when attempting to make an appointment was inappropriate. Concerns were raised by some about receptionist staff ‘acting like doctors’ who have the power to decide whether an appointment is required:

“I don't like when you phone for an appointment and the receptionist acts like the doctor, let the doctor determine what's wrong with you not the receptionist.”

- 4.10 In the theme of privacy, some respondents expressed concern about patients hearing too much about them at the reception desk:

“On some occasions I feel uncomfortable at the lack of discretion when the doctor's receptionists divulge personal medical information in front of other patients.”

- 4.11 A problem highlighted by some patients living in small towns or villages was reception staff having access to information about people, with whom they live in close proximity.

Summary

- 4.12 Six per cent (2,655) of patient comments related to the theme of receptionists/practice manager. These comments were generally more negative than positive. This is in contrast with the survey results in the national report where receptionists received positive feedback. The main issue raised in the negative comments concerned the attitude of some reception staff as well as concerns about having to disclose too much health information at the reception desk.

5 CONSULTATION WITH DOCTORS

- 5.1 Comments in this theme covered all aspects of the consultation with doctors. This category is formed the third largest group of comments; 7,578 of comments were left (18 per cent of all comments). Unlike some of the other groups of comments, the 'Doctor' category comprised more positive comments than negative ones.
- 5.2 The main findings from the national report support this, with 94 per cent of patients agreeing or strongly agreeing that their doctor listened to them. However, fewer patients agreed or strongly agreed that they had enough time with the doctor (87 per cent).
- 5.3 Within the group of positive comments, the themes patients identified were:
- general praise for doctors and quality of the service they provide;
 - doctors commitment in going 'above and beyond' call of duty;
 - doctors providing clear and full explanations;
 - being treated as an individual;
 - doctors spending as much time as is needed - not being rushed out the door.
- 5.4 Within the group of negative comments, the themes identified were:
- attitude of some doctors (e.g. depends which doctor, feel too rushed, appear disinterested, etc);
 - lack of explanations for illness;
 - tendency to prescribe drugs;
 - some doctors do not listen to patient or do not take them seriously enough, in some cases leading to misdiagnosis;
 - mental health problems not being dealt with in an appropriate manner – lack of understanding and a range of treatment options.
- 5.5 The majority of the positive comments were, overall, quite general. This also applies to a number of the negative comments. They were either basic praise or basic criticism, for example;
- "Best doctors ever."*
- "Care provided by my GP very poor"*
- 5.6 Many of the other positive comments, praised doctors for their commitment to their work;

“Our G.P. has given our family excellent service. He has always gone above and beyond the call of duty and shown great consideration and understanding.”

- 5.7 Positive comments also suggested that patients appreciate it when doctors explain their treatment to them in way in which they understand.

“My GP is excellent at taking the time to explain absolutely everything so that I understand what or why something is happening to my body plus any medications and possible side effects.”

- 5.8 This closely relates to other positive comments which suggested that doctors treat patients as individuals and that patients are afforded as much time as is required with the doctor.

“I am treated as an individual at all times and I never feel hurried or rushed at any time and feel completely confident in my doctor who never makes me feel as if I am just another patient.”

- 5.9 While many patients praised the doctors at their practice for their approach, attitudes and time spent with patients, those who were negative tended to suggest the reverse of this. Most of the negative comments tended to be general and fairly short.

- 5.10 Some of the negative comments included concerns about people being unhappy with doctors for just writing out prescriptions rather than looking into causes and alternative treatments;

“The doctors are too keen to prescribe medication to attempt to treat the symptoms rather than find out what the problem is and the cause to try to eliminate the cause!”

- 5.11 There were also comments which suggested that some doctors did not take the time to listen to patients. Some patients suggested that this resulted in the patient not always receiving appropriate diagnosis or treatment.

“Feel that doctor's (GP) don't listen to what I'm saying what I try to explain what's wrong with me. Sometimes I don't think they believe anything I say.”

- 5.12 A smaller but nonetheless important negative theme within the doctor category was dealing with mental health concerns. Concerns related to the treatment of mental health issues. For example, some comments detailed stories of people feeling as if they were not being taken seriously when approaching their GP with concerns regarding mental health issues such as depression. It was often mentioned that GPs were too quick to prescribe anti-depressants than to look any deeper into the cause of the patients' mental health issues.

” some times feel that the doctor/nurse could listen to my concerns more about medication they prescribe for me. I also feel that they should offer additional support or counselling for depression and bereavement.”

Summary

- 5.13 ‘Doctor’ was the third largest group of comments, representing 18 per cent of all comments. The majority of comments were positive which corresponds with the main statistical findings. Most of the comments left by patients suggested general praise for doctor, particularly around the quality of service provided by GPs, taking time to listen to patients and their commitment and efforts to accommodate patient needs.
- 5.14 A fewer number of patients left negative comments, but those that did tended to suggest instances where doctors did not demonstrate the positive behaviours described above. Some patients also identified problems around the treatment of mental health problems, for example a perception that some doctors may be too quick to prescribe medicines rather than look into causes and consider other treatments.

6 CONSULTATION WITH THE NURSE

- 6.1 The comments within 'Nurse' formed the smallest thematic group within the framework, with 718 comments left by patients (2 per cent of all comments). Nurses working in GP practice setting will include: practice nurses, district and community nurses, midwives, health visitors as well as other specialist nurses. In the majority of comments, it was not clear which nurse the patient referred to. However, in some instances specific nursing roles were mentioned. The comments relating to nurses comprised a similar number of positive and negative ones.
- 6.2 The main findings relating to nurses in the national report showed that patients felt most positive about nurses listening to them (96 per cent of people agreed or strongly agreed that the nurse listened to them). The lowest related area related to whether the nurse had enough information to treat them (91 per cent of people agreed or strongly agreed that the nurse had all the information they needed to treat them).
- 6.3 Within the group of positive comments about nurses, the main themes to emerge were:
- overall manner and caring approach of nurses;
 - nurses providing clear explanations of treatment and conditions;
 - praise for specific groups of nurses.
- 6.4 Within the group of negative comments, the themes identified were:
- poor attitude (or similar) of nurses;
 - lack of nursing staff in GP practice;
 - some nurses lacking enough information/knowledge about condition;
 - complaints of nurses thinking 'they know better' or disregarding the doctors' instructions/advice;
 - lack of confidence in nurses skills, in procedures such as blood tests, smear tests, injections, etc;
 - concerns about hygiene while procedures are being carried out.
- 6.5 Most of the positive comments tended to praise the overall manner and attitude of nurses. There were some comments which suggested that patients felt nurses were better at listening to them, or that they felt more comfortable talking to a nurse than a doctor.

"The doctor always listens to what I have to say but I feel more comfortable talking to the nurse about personal female issues. She

always has time to talk to you even if you just contact her by telephone for some advice.”

- 6.6 Several also said that nurses tended to be better at explaining things in language understandable to them.

“If I need advice a triage nurse phones me back. They remember your history and can prescribe certain medicines without me having to “waste” a doctor’s appointment. I am always treated extremely professionally and spoken to about my diagnosis in a language I can understand!”

- 6.7 Some of the comments left by patients praised specific groups of nurses working with the GP practice.

- 6.8 While most of the comments praised the manner and approach of nursing staff, a reasonable number of negative comments were critical of the overall manner of some nurses.

“I feel I have to complain about my practice nurses. I have had a few bad experiences. Some have been rude, abrupt and seem to delight in belittling you. Patients’ conversations can be heard outside. The nurses must know this yet they seem to delight in talking loud. They often question the doctor’s instructions and requests, which in turn does not fill me with confidence. I’ve only ever gone to get a blood test which should have been straight forward.”

- 6.9 The negative comments also suggested that some patients felt there were too few nurses and some of them were overworked. Other comments related to a perceived need for nurses to have better training for basic procedures such as taking blood.

- 6.10 A final concern highlighted in the comments related to hygiene during procedures.

“I have on several occasions been to the nurse for blood tests and have been surprised at the usual disregard for basic hygiene - From not washing hands prior to commencing the procedure to coughing/sneezing into her hand at the time of handling syringes, cotton wool, etc.”

Summary

- 6.11 ‘Nurse’ was the smallest group of comments, representing two per cent of all comments left by patients. There was a mix of negative and positive comments, although nurses were actually rated very positively in the survey statistical results. Particular praise related to the overall manner and caring approach of nurses as well as the ability of nurses to provide clear explanations around treatment and conditions. Like the comments about

doctors, where patients raised concerns, these tended to contradict the positive comments. The main issues raised by patients included: attitude of some nurses; perception of not enough nursing staff at GP surgery; and perception that some nursing staff lacked enough knowledge about conditions.

7 MEDICINES/TREATMENT

- 7.1 The 2,774 comments described as 'Medicines/Treatment' (7 per cent of all comments) included themes around whether patients knew enough about how and when to take their medicines. Also in this group were comments regarding referrals, communication between GP and hospital, as well as other practitioners at the surgery, e.g. physiotherapy.
- 7.2 This group comprised mostly negative comments which is contrary to the main survey findings from the national report. For example they showed that 96 per cent of patients knew enough about what their medicines were for always or most of the time, with 74 per cent always knowing enough. The question which asked about whether patients knew enough about how and when to take their medicines was the most positively answered question in the survey with 99 per cent of patients answering that they knew enough always or most of the time. There were no questions in the survey relating to referrals. The 2010/11 survey introduced a question on this.
- 7.3 Given the wide range of sub-themes within this group, we have structured the both positive and negative issues around the key issues raised by patients. These are summarised collectively below:

1. Medicines and treatment

Positive

- general feeling of satisfaction and praise for the course of medicines/treatment received;
- felt that they knew enough about their medicines, i.e. what it was for and how to use it;
- praise for systems for repeat prescriptions, e.g. through email, and collection of prescriptions.

Negative

- patients suggesting they don't know enough about their medicines;
- perception that doctors too ready to prescribe drugs rather than look deeper into causes / lack of treatment choices;
- problems with systems for ordering repeat prescriptions - e.g. restricted or lack of user-friendly system for ordering repeat prescriptions, wait to receive prescription and coordination problems;
- lack of regular reviews of long term repeat prescriptions;
- changing medication can lead to confusion.

2. Referrals

Positive

- Satisfaction with the speed of treatment, referral etc. and the level of aftercare provided.

Negative

- Length of time to wait to be referred to, and eventually be seen by, other health professionals/ specialists;
- Poor communication between GP surgery and other health services and vice versa.

Findings

Medicines

- 7.4 The main theme in this theme related to medicines and there were a sizeable number of negative comments. There were people who felt like they didn't know enough about what they were being prescribed, what it was for, how it worked and how they were to take it.

"I find that my doctor doesn't always tell me how much or how often to use my medicines or creams. I just look on the labels when I go to the chemist for prescriptions. But I don't know if what the doctor says is the same on the chemist labels."

- 7.5 Conversely there were many patients who reported positive experiences. Typically these patients praised the efforts of staff in explaining how to take their medicines,

"My Dr and nurse explain everything they do and explain all the reason for my medicines."

- 7.6 The systems for repeat prescriptions were highlighted by a large number of patients. There were those who commended the local systems for ordering repeat prescriptions. Particular features of such systems were: flexibility, different ways of ordering e.g. through email and speed.

- 7.7 However a large number of patients highlighted problems with the systems for ordering repeat prescriptions. For example, some suggested that it was difficult to do as the system was restrictive:

"Repeat prescriptions can become an erroneous task, the process should be reviewed to allow simple request action and collection at pharmacy."

“The only down side is that you can only phone for a repeat prescription within a small window of time. Would like to see the window increased.”

7.8 Others pointed out that the wait to receive prescription was too long and there were coordination problems within GP surgery and between GP and pharmacy.

7.9 A number of people who were on long term medication commented that they didn't think that their medication was reviewed often enough.

“I feel there's no after care. For example I'm on blood pressure medication, but I'm not asked back for check up. I'm on a repeat prescription”

7.10 A small but important finding found within 'Medicines/Treatment' theme, related to patient views changing medicine 'brand'. Some suggested that the change in brand of medicines sometimes led to confusion, for example if they were prescribed a different brand sometimes their medicines looked different.

“Prescription - different 'brands' of same drug can be confusing and lead to error.”

7.11 Others commented that they did not like being given a different or non-brand medication because they thought that it didn't work as well and was just a cost-cutting exercise to save money.

“I don't like the way the medicines have been changed from brand names to cheaper versions. I know a lot of them do the exact same thing but from my own experience some of the cheaper ones do not work at all.”

Referrals

7.12 One of the key themes in this area was referrals. There were many positive comments about referral processes which suggested that the speed and systems for referrals was more than satisfactory.

“Having several conditions and requiring specialist treatment I have been referred to X on several occasions very quickly and treated very effectively. My GP surgery is very efficient with referrals.”

7.13 A number of people commented on the ability to self-refer, for example:

“Excellent that you can self refer to the physio my experience of the referral scheme and physio staff has been excellent.”

7.14 There were however many negative comments. The main issue raised in this topic was waiting for referrals. The comments suggested that the time

between a first appointment with a GP and getting seen by another health professional was too long.

'While I am perfectly happy with my experiences at my GP surgery, I am not happy about the length of time we have to wait for hospital referrals.'

"I waited three months for a referral to hospital only to find I was not referred despite repeated calls to surgery and now I have to wait another three months for hospital appointment."

- 7.15 A number of patients commented on problems waiting for to see specific health professionals such as physiotherapists.
- 7.16 In some cases patients suggested that delays could lead to unnecessary health complications. Some patients even commented that they had resorted to self-referring privately because the wait was too long:

"As a population we always being told to exercise - yet there is no local provision for sports injuries. My health centre does have a self-referral physio department, but a wait of 2 - 3 weeks is no good. I've spent hundreds of pounds on private physio to get me back to work and back to sports."

Summary

- 7.17 'Medicines/Treatment' was one of the smaller thematic groups within the comments (7 per cent of all comments). The main issue identified in the 'Medicines/Treatment' comments was the inability to get referral to another health professional or service within an acceptable time frame.
- 7.18 Other issues highlighted by patients related to medicines. Some patients highlighted a lack of understanding about their medicines, while others suggested that there should be medication reviews carried out by doctors for those on long-term prescriptions. Finally there were concerns raised about repeat prescriptions, particularly around the wait for repeat prescriptions and coordination problems between GP surgery and pharmacy.

8 FACILITIES/BUILDINGS

- 8.1 A small proportion of patients left comments about the facilities / building at their GP practice. In total 1,624 comments (4 per cent of all comments) related to this theme which covered all aspects of the physical surgery itself along with any other facilities available, for example an on-site pharmacy. Among the comments were several around whether patients felt safe in the waiting rooms as well as being heard in reception. There were more negative than positive comments.
- 8.2 There were no direct questions in the survey asking about cleanliness of the GP practice or buildings. However there were two questions which may in part be related to GP surgery facilities or building:
- I was worried because other people could overhear me talking to the receptionist - 37 per cent of patients worried sometimes, most of the time or always because other people could overhear them talking to the receptionist. (14 per cent of patients were worried always or most of the time).
 - I felt bothered or threatened by other patients - 97 per cent of patients rarely or never felt bothered or threatened by other patients.
- 8.3 Within the group of positive comments, the themes identified were:
- General praise for cleanliness and overall comfort and atmosphere of the surgery.
 - Praise for availability of specific facilities and services on site such as pharmacy, x-ray machines, etc.
 - Praise for facilities for adults and children – e.g. reading materials, toys/play area for children.
- 8.4 Within the group of negative comments the recurring themes were:
- Concern over lack of privacy in the reception area;
 - Lack of parking facilities generally and for disabled people;
 - Complaints of buildings felt to be no longer fit for purpose e.g. surgery too small, surgery needing to be refurbished;
 - Poor access for wheelchair users/disabled patients (and also parents with prams);
 - Feeling uncomfortable in the presence of drug users and methadone patients in surgery and linked pharmacies;
 - Complaints about the cleanliness and hygiene of their surgeries;

- Suggestions around the need for refreshments in surgery especially for long waits;
 - Some finding choice of music in waiting rooms irritating and upsetting when ill – especially if it's radio;
 - Lack of additional facilities on site e.g. pharmacy;
 - Use of technology like touch screen check-in and tannoy to call patients is dehumanizing, difficult for elderly and those hard of hearing/sight, etc.
- 8.5 The main positive comments relating to 'Facilities/Buildings' centred on the overall appearance, cleanliness, etc. of the practice. A lot of these were positive comments:
- "Nice purpose built practice, light and spacious also clean."*
- 8.6 However there were a large number of negative comments suggesting the opposite; that the surgery was not up to standards and not fit for purpose.
- "The conditions of waiting room and surgery are in a bad condition badly in need of refurbishing painting and cleaning."*
- 8.7 Other positive comments in this area related to the availability of reading materials and toys in the waiting room which was appreciated by some patients as a welcome distraction.
- "The waiting room is always clean & tidy and the leaflets & magazines are reasonably up to date!"*
- 8.8 Although a few suggested it was not very hygienic to have magazines, books, toys, etc. as they may spread infection.
- 8.9 There were also a few suggestions which called for refreshments to be available at the surgery, particularly if waiting times were long.
- 8.10 This also links with comments about music being played in the surgery; some patients liked it and commented that it was a good way to prevent people from over hearing private conversations. However, there were others who did not particularly like the provision of music; a particular problem was the type of music being played.
- "The only negative I have is in the waiting room it is difficult to gather ones thoughts due to the loud 'radio-one-type' music in the loudspeakers. Some gentle inoffensive 'classic FM type' gentle Mozart would be less intrusive. Get the impression what the receptionist likes!"*
- 8.11 Probably the most frequent negative issue raised was the matter of privacy at reception. The comments suggested that many people did not feel comfortable discussing matters at the reception desk as it was felt to be within

earshot of the waiting room and other patients. This is an issue that is reflected in the national results of the survey, with 37 per cent of patients worried sometimes, most of the time or always because other people could overhear them talking to the receptionist.

“There is not enough privacy at the reception desk because far too many patients can hear all that is being spoken. That is wrong thing to happen.”

“There is no privacy when speaking to receptionist. I quietly mention the (...) clinic but always have to repeat that and my D.O.B.”

- 8.12 Physical access to the GP practice was another theme which arose in this group of comments. This is not always in control of the GP practice. One of the issues highlighted was availability of parking spaces at the surgery, and in particular disabled parking spaces.

“Parking at surgery is an absolute nightmare even more so for a disabled patient whose ability to walk is greatly reduced.”

- 8.13 Some patients commented on disabled access to the building itself, suggesting that the facilities were inadequate.

- 8.14 A final access related issue within ‘Facilities/Buildings’ is the use of technology in the surgery.

“I strongly resent being expected to book in using an electronic machine. I’m a technophobe, technology is de-humanising. I expect to be able to talk to a real person at reception...”

- 8.15 There were a number of comments relating to the presence of other patients who were drug users e.g. those attending methadone clinics. Many suggested that they felt threatened by the presence of such patients and were unhappy with behaviour in waiting rooms, particularly in front of children.

“I hate having to sit in a room with my children with bad language from patients and having to sit beside people that have drug problems. Not fair on my children.”

- 8.16 Some comments also explained that people were not comfortable with the arrangements in pharmacies for people who were receiving a methadone prescription as it was being taken openly in front of others, and again, in front of children. It was also pointed out in some comments that this was not fair on the patients taking their methadone prescriptions either as they had no privacy.

“People who receive methadone should have their own privacy and dignity respected, people and children should not be in same small proximity, (E.g. pharmacy waiting room) waiting on medication as it is not fair on both methadone patients as well as other patients waiting for prescriptions. (anxiety can arise causing problems).”

Summary

8.17 'Facilities/Buildings' was one of the smallest thematic groups within the comments, representing 4 per cent of all comments left by patients. The main issue which arose in 'Facilities/Buildings' comments related to the cleanliness and overall presentation of the surgery, both positive and negative. Another issue related to privacy at the reception desk, with comments suggesting that patients felt uncomfortable discussing health matter in front of other patients.

9 OVERALL EXPERIENCE AND OTHER ISSUES

- 9.1 'Overall' is the group of comments which did not have a specific subject but rather gave a more general expression of patients' experiences and the treatment they received at their GP surgery.
- 9.2 As the second largest group of comments, (10,851, 26 per cent of all comments), 'overall' covered a wide range of positive and negative experiences. However, the comments were overwhelmingly positive.
- 9.3 This is strongly supported by the findings from the national report which showed that nine out of ten patients rated the overall care provided by their GP surgery as good or excellent and only two per cent rating it as poor or very poor.
- 9.4 Within the group of positive comments, the themes identified were:
- lots of very general comments expressing satisfaction and praise for the surgery as a whole; holistic approach to care
 - length of time patient has been with practice as a reflection of how good the surgery was;
 - comparisons between a previous surgery and their current one – saying that current surgery is better.
- 9.5 Within the group of negative comments the recurring themes were difficult to define, but have been split as follows:
- general negativity – short comments that did not provide details;
 - longer comments which detailed specific events and/or situations which make their experience of the surgery negative.
- 9.6 The 'Overall' category comprises overwhelmingly of positive comments. In most cases the comments were short which were often very general positive statements for example:
- "All very good.", "No complaints", "Fine"*
- 9.7 There were also some comments which did not really give much in the way of actual feedback, rather the patient said how many years they had been at the surgery in order to express their satisfaction.
- "I have been with the same practice since X. I am X years of age that speaks for itself."*
- 9.8 Similar to these comments were ones which mentioned the patient's old surgery in a comparative manner.

“I moved to this surgery about 8 years and the difference between my old surgery is second to none (excellent).”

- 9.9 There were a large number of positive comments which commended the holistic approach taken by staff at the GP surgery.

“The service provided is exemplary. My whole family are cared for and have confidence in the practice. My wife has been with the health service for over X years..... She feels that this is the best practice she has seen. It is a perfect combination of action and empathy - a true holistic health service.”

- 9.10 Like the positive comments, a large number of the negative comments in the ‘Overall’ group were also very short and general, such as;

“Overall could be better”:

- 9.11 However, there were some longer comments which were more specific. A number of them covered a range of themes about a GP surgery. Where possible we have tried to cover the main themes identified by them. However many of them were stories specific to their author and the GP surgery attended.

Other issues

- 9.12 Within the comments there was a small minority which raised other issues which were not covered specifically by the survey. These issues are ones surrounding diversity, discrimination and, as previously mentioned, mental health.

- 9.13 Most of the comments relating to discrimination concerned two types of issues. In the first type patients expressed a view that they felt discriminated against due to their personal circumstances, for example sexuality, race or mental health. The second type was where people expressed discriminatory remarks about other groups of patients. An example of this was where comments were made about perception of preferential treatment for certain groups of patients, such as drug users or patients from minority ethnic groups.

Summary

- 9.14 ‘Overall’ was the second biggest thematic group, representing 26 per cent of all comments. The overwhelming majority of comments in were positive and were simply general praise. This is reflected in the findings from the national report which showed that nine out of ten patients rated the overall care provided by their GP surgery as good or excellent.

10 CONCLUSIONS

- 10.1 This report is based on collective analysis of the 42,042 legible patient comments from the Better Together 2009/10 GP Patient Experience Survey. The main survey findings were reported nationally and locally in 2010. GP practices have already received their patients' comments and have used them, along with the survey results, to reinforce service achievements and make improvements locally.
- 10.2 The analysis of the patients' comments at a national level has allowed us to understand in more depth some of issues which are important to patients. In some cases the analysis has provided better insights into the main quantitative survey results reported in the national report. The analysis has also identified other issues not covered by the survey, for example referral processes to other health professionals or services and concerns about treating mental health problems.
- 10.3 One of the most noticeable things about the comments was that on balance there were more negative comments than positive ones. However this does not seem to reflect the overall statistical survey findings as these were, in the main, positive. It may be that patients, who were less positive in answering the quantitative survey questions, were more likely to leave a comment which was negative. Further analysis of the relationship between the survey responses and the patient comments is required. Another reason is that we assigned some comments as negative if they included suggestions or if they were predominantly negative but still contained positive points. It is noticeable, however, that where the survey results were less positive, for example around access, the proportion of negative comments was higher.

Patients generally praise their GP surgery

- 10.4 A large number of comments left by patients were general praise for their GP surgery. This is reflected in the findings from the national report which showed that nine out of ten patients rated the overall care provided by their GP surgery as good or excellent.

Patient comments on access generally corresponded with access problems reported in the main survey

- 10.5 While the results of the national survey were generally positive, the main areas for improvement identified in the national report related to access. The survey suggested that a sizeable minority of patients experienced problems with access, particularly around being able to book in advance; getting an emergency appointment; and seeing preferred doctor or nurse. These results may explain why the largest number of comments left by patients related to access. The analysis of the comments showed that these areas were also highlighted by patients, particularly around the ability to book emergency and advanced appointments and seeing preferred doctor/nurse.

Patients reported views about referral to other services or health professionals

10.6 One area which the 2009/10 survey did not cover was referral to other services or health professionals. However we found that a large proportion of patients commented on this element of their care. While some reported that the referral process worked well for them, others suggested that the time between the first appointment with a GP and being seen by another health professional was too long. Patients also reported problems relating to coordination of care between GP and other services and vice versa. We have included a question on patients' experience of the arrangements to see another health professional in the 2011/12 survey.

Patients generally praised the quality of service provided by doctors

10.7 The majority of comments about doctors were positive which corresponds with the main findings presented in the national report. Most of the comments left by patients related to: general praise for doctors; the quality of service provided by GPs; GPs taking time to listen to patients; and GPs commitment and efforts to accommodate patient needs. Concerns raised tended to identify the opposite of this. There were also problems identified by some patients around the treatment of mental health problems, for example a perception that some doctors may be too quick to prescribe medicines rather than look into causes and consider other treatments.

Patients highlighted the need for better explanations for medicines and reviews of long term medication

10.8 Although the main survey results for medicines reported in the national report were very positive, many of the comments left by patients on medicines were negative. Some patients highlighted a lack of understanding about their medicines, while others suggested that there should be medication reviews carried out by doctors for those on long-term prescriptions. Finally there were a large number of patients who commented on repeat prescriptions. While some suggested that arrangements for repeat prescriptions worked well especially electronic facilities, others suggested that they were restrictive and/or there were lengthy waits.

Patients suggested problems with privacy at reception desk

10.9 Another issue raised by some patients related to privacy at the reception desk, with comments suggesting that patients felt uncomfortable discussing health matters in front of other patients. This finding corresponds with the finding of the national report where - 37 per cent of patients worried sometimes, most of the time or always because other people could overhear them talking to the receptionist.

It is important to view national results alongside patient comments

10.10 Using the comments made by those who responded to the survey has allowed us to understand in more depth some of issues which are important to

patients. While it has helped to reinforce some of the main messages from the national report, it has also highlighted other issues not covered by the main survey. In carrying out this analysis, it has reinforced the importance of viewing, both nationally and locally, the main statistical survey results alongside patients' comments to gain the best insights into the main areas for improvement.



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