



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Aneurin Bevan
Health Board

Our Ref: AG/JP/sc

Direct Line: 01633 435948

12 December 2013

Darren Millar AM
Chair - Public Accounts Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

Dear Mr Millar

Re: Unscheduled Care – Patient Survey

Thank you for your letter of the 8th November 2013. Within it I note that the Public Accounts Committee has been considering the Wales Audit Office report on Unscheduled Care – 'Unscheduled Care – An Update on Progress', published in September 2013. I also note that the committee is seeking further information on the demands on accident and emergency services - particularly in relation to potentially avoidable emergency attendances who may have attended their GP/practices. Your letter makes reference to two surveys carried out by ABHB Health community stakeholders, the Aneurin Bevan Community Health Council and the 'Newport Involve' panel. You have requested further information on these surveys.

In regard to the Aneurin Bevan Community Health Council survey carried out in August 2011, I can confirm that this survey was undertaken between the 1st and 7th August when the CHC surveyed responses from patients attending the Royal Gwent Hospital Emergency Department. I have attached a summary of the survey report provided by the CHC. With regard to the specific questions in your letter, the survey indicates that out of 120 people surveyed, 79 had self-referred. 77 patients had made contact with another NHS agency in advance, 36% of which was contact with Welsh Ambulance and 35% was GP contact. 52 people surveyed had been advised to attend A&E and 24 of these had received that

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advice from GPs. Further information on why patients made this choice is contained within this report.

The second survey was carried out by Newport City Council's 'Involve Newport Citizens' panel. This survey was carried out to better understand patient views on access to their GP. The report summary is attached. But you will note that out of 450 responses 11.2% stated that they would choose to go directly to an emergency department if they needed to see a doctor urgently when their GP surgery was closed. 65% responded that they would contact the GP Out of Hours Service and 20% responded that they would contact NHS direct. Further responses were received on the ease of access to GP services, with 29.7% of patients responding that they were not generally able to get a GP appointment within 24 hours and 25% stating that telephone access was not easy. It must be noted however that the response rate (450 responses) should be considered in relation to an overall Newport City population of greater than 148,000 people i.e. a 0.3% sample.

The Health Board regularly reviews its own data on emergency department presentations. It is consistently reported that 50% of its 999 ambulance conveyances do not result in a hospital admission. In addition, 80% of those patients conveyed to hospital via 999 ambulance and discharged do not require any primary or secondary care follow up.

The Health Board welcomes engagement from its stakeholders and the Gwent CHC and 'Involve Newport Citizens' panel surveys have been considered in conjunction with its own analysis to steer an evidence-based approach to managing the demands on its services.

A range of initiatives have been put in place to limit patient demands on emergency services. They range from establishing a robust A&E redirection policy, co-funding advanced paramedic practitioners within WAST to improve clinical decision making 'in the field', establishing a range of pathways as alternatives to conveyance e.g. a Falls Pathway. One of the Health Board's central approaches, however, has been the establishment of the Gwent Frailty Programme which aims to avoid admission through the development of medical care and support services within the patients home. These are some of the measures being driven through a reform programme which is steered by the Health Board's Unscheduled Care Transformation Board. Key stakeholders including WAST and social services colleagues are members of this Board to ensure planning is integrated and holistic.

It must also be noted that the GP survey carried out by Newport City Council's 'Involve Newport Citizens' panel was undertaken in early 2012. You may be aware that the Health Board has implemented a 'A is for Access' scheme with the aim of improving access to GP services, with 5 standards for improving GP access including extended opening times, live person telephone access and early evening appointments. The information from this survey further supports the principles

of this work. At the launch of the 'A is for Access Scheme' in 2011, 11 out of 21 GP practices in Newport met the 5 core access standards, with 2 further practices meeting the standards shortly after.

From October 2013, 16 out of 21 GP Practices met the 5 core access standards and the remaining 5 met the 4 core standards.

In addition, of those GP Practices that have attained the 5 core access standards, the Health Board has commissioned the Extended Hours Local Enhanced Service from 10. This offers an additional 21 clinical hours per week, provided outside of core hours (8.00-18.30).

This is detailed in the table below:

NEWPORT	Oct-13	Extended Hours
Beechwood Surgery	5As	
Bellevue Group Practice	5As	✓
Bryngwyn Surgery	4As	
Central Surgery	4As	
Eveswell Surgery	4As	
Gaer Medical Centre	5As	
Grange Clinic	5As	✓
Isca Medical Centre	5As	✓
Lliswerry Medical Centre	5As	
Malpas Brook Health Centre	5As	✓
Riverside Surgery	4As	
Park Surgery	4As	
Richmond Clinic	5As	
Ringland Health Centre	5As	✓
Rogerstone Practice	5As	✓
Rugby Surgery	5As	
St Brides Medical Centre	5As	✓
St Davids Clinic	5As	✓
St Julians Medical Centre	5As	
St Pauls Clinic	5As	
Underwood Health Centre	5As	✓

I hope you find this information helpful and, as promised, I have attached the Gwent CHC survey, the Newport Involved Team survey and the Health Board data referring to the non-admitted and non-followed up conveyance volume trend. I look forward to meeting with the Committee in January to discuss these matters further.

In the meantime should you require any further information please do not hesitate to contact me.

Yours sincerely

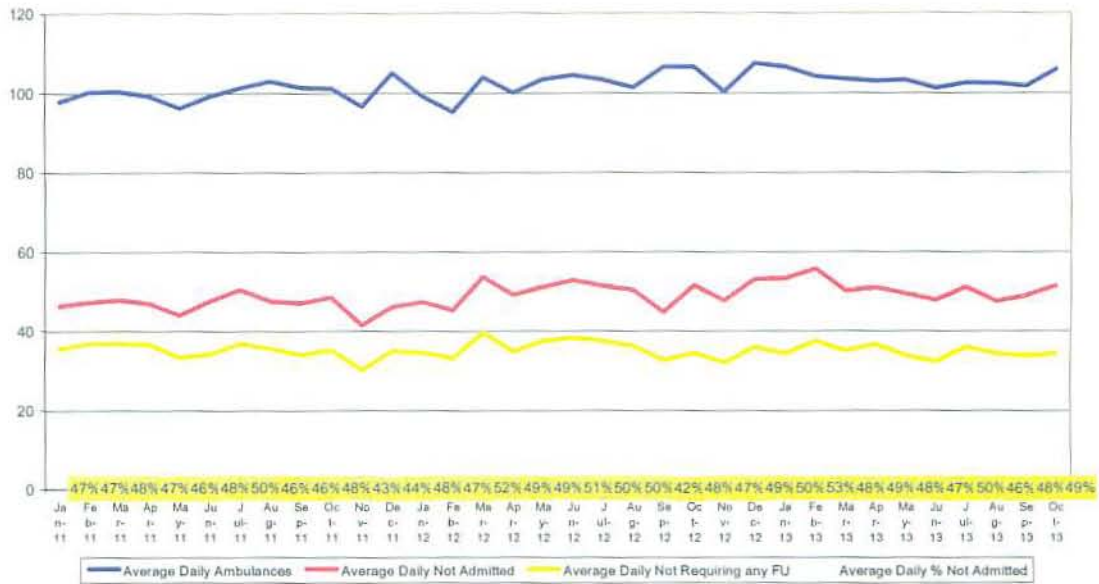


Dr Andrew Goodall
Chief Executive

Encs

Ambulance Non-Admits

RGH & NHH - Ambulance Volume, Discharge & Follow Up



Involve Newport

Summer greetings - and welcome to the third Involve Newport survey!

One Newport, the Local Service Board for our City, would like to hear your views.

Please read through the following survey and answer as many questions as you can. This survey is completely confidential and no personal information will be disclosed. Completing the survey should take no more than fifteen minutes.

There are three parts to this survey. The first part is about **GP Services in Newport**. The second part is about **Housing in Newport**, and the last part is from **Safer Newport**, the Community Safety Partnership. There are **thirteen** questions in total.

Simply read through the questionnaire and answer all the questions that you can. There are no right or wrong answers, and if you feel you can't answer any of the questions, just leave them blank.

We appreciate your time and assistance in providing this very important information, which will be used to help various agencies in the City to better plan their services to you. Click **next** to start the survey!

GP Services in Newport

- Q1 What do you do if you need to see a doctor urgently when your GP surgery is closed? Please tick one of the boxes below:**
- | | |
|---|-------------|
| Contact the Out of Hours Service | 313 (65.1%) |
| Go to the Accident & Emergency Department | 54 (11.2%) |
| Ring NHS Direct for advice | 98 (20.4%) |
| Other (please specify): | 29 (6.0%) |
- Q2 Are you generally able to get an urgent appointment with your GP within 24 hours?**
- | | |
|-----|-------------|
| Yes | 321 (66.7%) |
| No | 143 (29.7%) |
- Q3 How easy is it to get through to your GP surgery by phone?**
- | | |
|-----------------|-------------|
| Very easy | 109 (22.7%) |
| Fairly easy | 245 (50.9%) |
| Not very easy | 70 (14.6%) |
| Not at all easy | 44 (9.1%) |

	Don't know	7 (1.5%)
Q4	How easy is it to book a GP appointment that is convenient to you?	
	Very easy	53 (11.0%)
	Fairly easy	204 (42.4%)
	Not very easy	104 (21.6%)
	Not at all easy	103 (21.4%)
	Don't know	9 (1.9%)
Q5	How easy is it to book a GP appointment in advance?	
	Very easy	105 (21.8%)
	Fairly easy	182 (37.8%)
	Not very easy	80 (16.6%)
	Not at all easy	85 (17.7%)
	Don't know	18 (3.7%)
Q6	How easy is it to speak to your GP if you need advice?	
	Very easy	53 (11.0%)
	Fairly easy	129 (26.8%)
	Not very easy	123 (25.6%)
	Not at all easy	83 (17.3%)
	Don't know	84 (17.5%)
Q7	What GP surgery opening time would best suit you (please pick one)?	
	Morning - between 8 and 11 AM	116 (24.1%)
	Morning - between 9 and 12 PM	132 (27.4%)
	Lunchtime - between 12 and 2 PM	4 (0.8%)
	Afternoon - between 1 and 3 PM	17 (3.5%)
	Afternoon - between 3 and 5 PM	26 (5.4%)
	Evening - between 5 and 8 PM	136 (28.3%)
	Saturday morning surgery	38 (7.9%)

Survey of patients attending the Accident and Emergency Department, Royal Gwent Hospital

Week commencing 1st August – 7th August 2011(Monday to Sunday)

The rota for the survey appears at Appendix 2.

1) Summary of the findings

- 1) We interviewed 120 people - mostly from Gwent but a small number (5) from England. The great majority (50 – 42%) were from the Newport area. A surprisingly high number came from Blaenau Gwent (22-18%), with the lowest number (10- 8%) attending from Caerphilly.
- 2) 110 respondents identified how long they had been waiting. A total of 13 had been waiting longer than 4 hours. Only 1 of the patients seen in A and E minor had been waiting more than 4 hours. The respondents in A and E major included 1 who reported having to wait 10 hours and 1 who had been waiting 12 hours and 15mins.
- 3) 79 had made the decision to attend A and E themselves. 40 said they had not.
- 4) A clear majority of people had contacted another agency of the NHS beforehand - 77 as against 43 who said they had not.
- 5) Within the 77, the largest number had been in contact with the ambulance service (28 – 36%), closely followed by contacts with GP practices (27- 35%). There were a small number of contacts with the GP out-of-hours service and from NHS Direct (6 cases each). 3 patients had follow-up appointments at A and E.
- 6) Within that number 52 people had been advised to come to A and E. Just under half of these respondents (24) identified the agency and approaching half had been advised by a GP source (9 by their practice and 2 by GP out-of-hours).
- 7) 55 people commented on why they had arrived by ambulance – over half (30) expressing concerns that their condition might deteriorate.

The next highest number of respondents (9) said there was no other available or affordable transport.

- 8) The great majority of respondents (90) did not feel that their visit to the A and E Department could have been avoided, against 12 who thought it could have been. Of those who commented the largest number highlighted the unavailability of GPs –“unable to see or speak to a GP for 3-4 hours” or that it would have been a waste of time – “you would only have been sent to A and E anyway.” Of those who didn't think their journey was avoidable, 5 mentioned actual or suspected broken bones and the need for an X-ray.
- 9) A similarly high number (89) did not feel that any alternatives could have avoided attendance at A and E. Of those who did comment the largest number (12) mentioned better/more available treatment via the GP, with 8 mentioning a more local minor injuries unit.
- 10) Only around a third of respondents (44) commented on how pressure on A and E Departments and waiting times for patients could be reduced. A number of respondents were critical of waiting times and suggested extra doctors and more beds. Just over half (24) were, however, full of praise for staff, making light of waiting times and convinced that they were in the best place.

2) Conclusions

There is clearly a strong culture of people coming directly to A and E instead of using primary care services. A majority of patients – 2 out of 3 had made the decision to attend themselves and were keen to defend it and often reluctant to engage in a debate about alternatives:

“If you need to come to A and E, you come to A and E.”

A and E was the “best place when ill” where you get the “best treatment”.

A number of respondents were unapologetic about their decision to bypass the GP “waste of time”, “live nearer A and E than the GP.”

There was, however, a detectable view that GPs, who were the health professionals who directed most of our sample to A and E could have done more and there were some concerns about their lack of availability. One patient was indeed directed to A and E by a receptionist; two respondents said they were suffering from a long term/on-going condition which made their attendance unavoidable, yet with appropriate chronic disease management that might indeed have been avoided.

We understand the Health Board routinely identifies attendances at A and E Departments by GP practice and those statistics should be scrutinised to see

if there is a pattern of excessive attendances at A and E Departments and if there is any correlation with access to primary care services.

In looking for an alternative to attendance at A&E the box marked "better/ more available treatment via the GP" was ticked most often. Publicity around using the GP service as an alternative to A and E will only succeed if that service is available and responsive.

The alternative of a more local minor injuries unit also had support. The Health Board is developing plans for locally based and sustainable minor injuries services which would improve the patient experience and be important in keeping patients out of busy A and E Departments if they don't need to be there.

A high number of patients were identified as coming from Blaenau Gwent (18) – the next highest total after Newport (50). There may be need to investigate why more of these patients are not accessing the Local Emergency Centre at Ysbyty Aneurin Bevan or the A and E Department at Nevill Hall hospital.

We noted that two or three patients in the sample were attending for follow-up appointments at A and E.

Detailed responses to the questions in the survey appear at Appendix 1

Recommendations

We recommend that the Health Board

- 1) Scrutinises the attendance based on condition and frequency and assesses any correlation with the availability of Primary Care services to see if there is a pattern of excessive avoidable attendances at A and E Departments and continues to work with GP practices to ensure that they offer accessible, responsive and timely alternatives for patients.
- 2) Undertakes a robust awareness campaign to support the development of locally based minor injuries services to ensure that patients can access the most appropriate services for their needs.
- 3) Investigates why relatively high numbers of patients appear to be attending the Royal Gwent A and E Department from Blaenau Gwent and mechanisms to encourage people to utilise the services in their locality.
- 4) Satisfies themselves that the small number of patients who attend for follow-up appointments at A and E could not be seen more conveniently and appropriately in a primary care setting.

David Kenny
Deputy Chief Officer (Patient and Public Engagement)
September 2011

Appendix 1

1) 120 patients were surveyed in total (56 in Major A and E, 64 in Minor)

Waiting times: 110 people identified how long they had been waiting.

Of the 57 people interviewed in A and E minor, only 1 had been waiting longer than 4 hours (i.e. 4 hours 30 mins)

Of the 50 people identified in A and E major, 10 had been waiting more than 4 hours: 6 of these had been waiting between 4 and 5 hours. 1 reported having waited 10 hours and the longest person waiting 12 hours and 15 minutes.

Of the 3 who didn't specify the area, 1 was waiting 4 hours and 1.5 hours and 25 mins.

2) Where do you live?

114 patients were from Gwent:

Blaenau Gwent: 22, Caerphilly: 10, Newport: 50, Monmouthshire: 13, Torfaen: 19

5 from England (1 local from Gloucestershire others from further afield)

1 from outside UK (St Kitts)

A few patients from Caerphilly (10)

3) Did you make the decision to attend yourself?

Of the total, 79 had made the decision to attend themselves, 40 said No to that question, 1 wasn't clear.

4) Did you contact any other part of the NHS beforehand?

77 of the sample said Yes

NHS Direct: 6

Your GP practice: 27

Ambulance service: 28

GP Out-of hour's service: 6

Referred from other hospital/minor injuries unit: 4

A and E appointment: 3

Health professional: 3

43 said No

Miscellaneous comments

Taken ill/accident at work: 4

Alert via safety alarm/lifeline: 2

Police: 1

Don't know: 1

Not a UK resident: 1

5) Did any of these contacts advise you to come to A and E?

Yes: 52

No: 29

Not applicable: 39

Who advised you to come (23 people specified)

GP practices: 9 - in one case the receptionist

Doctor: 2 (unspecified)

Ambulance: 5

(GP) Out of hours: 2

NHS Direct: 1

District nurse: 1

Non NHS

Firm/employer/ first aider at work: 3

6) If you arrived by ambulance why did you think an ambulance was needed?

55 people answered this question

Thought condition serious (taken ill/injured/collapsed at home): 4

Fearful condition would deteriorate: 30

Arranged for me (NHS Direct/GP/Paramedic): 5

Felt arrival by ambulance would improve waiting time: 1

Thought ambulance would take me to the right hospital: 6

No other available/affordable transport: 9

7) Do you think your visit to the A and E Department could have been avoided if your condition had been recognised or treated earlier?

12 Respondents said Yes

90 respondents said No

9 said Not Applicable

The largest number of comments (9) made reference to GPs

"Could have been dealt with by GP or midwife perhaps"

"GP sent me home the day before"

"Would have visited GP if one was open and available in Cwmbran"

"Possibly – unable to see or speak to a GP for 3-4 hours"

"Would have liked to have seen a GP –was advised by practice nurse to come to A and E"

"Would have liked to see GP again"

"Why use a GP? You would only have been sent to A and E anyway"

"So far so good time wise in A and E, live nearer A and E than GP"

"Good so far, going to see a GP would have wasted time –was worried so straight to A and E"

- 1 Felt the problem should have been sorted out earlier at Nevill Hall.
- 1 Had sustained a head injury which was getting worse.
- 1 said possibly.
- 1 wasn't sure.

Amongst the No responders:

2 Didn't have GP/in Newport

3 Appointments/ Revisits

"Several days ago treated here at minor injuries and given an appointment to revisit today"

"Operation a month ago, back for check-up"

2 Long term condition/ on-going condition

5 people had actual or suspected broken bones for which an X-ray was indicated.

2 Had suffered accidents

1 Considered they were an emergency

8) Are there any alternatives which would have avoided you coming into a busy A and E Department?

Better more available treatment via the GP (12 people agreed)

A more local minor injuries unit (8)

Better advice or assessment via telephone contact with a doctor or health professional (4)

Assessment treatment in the home (3)

Other (11)

Attendance at A and E could not have been avoided (89)

"if you need to come to A and E, you need to come to A and E"

"(Royal) Gwent is the local injuries unit for me"

Explanatory comments around the category "Other" were:

"avoided if my problem had been resolved at a previous visit to RGH"

"if had X-ray perhaps"

"GP not able to help"

9) Do you have any additional comments on how the pressure on A and E Departments and waits for patients could be reduced?

44 comments were received:

24 – just over half were full of praise for staff, some indicating that waits were not too long or unavoidable. A number strongly endorsed the fact that A and E was the best option

"Best place when ill"

"Best treatment in A and E"

"Think attending A and E on this day was a sensible move"

"Brilliant"

4 people suggested extra staff, particularly doctors were needed.

1 suggested "more beds while waiting to free up ambulance trolleys"

A number of people were critical of waiting times.

2 suggested more minor injuries units/better out of hours services could help.

1 suggested there should be more awareness raising that GPs should be used in "non-urgent cases"

2 people felt that GP could have dealt with their condition – "GP could have done more"

SURVEY OF PATIENTS IN GWENT ACCIDENT AND EMERGENCY DEPARTMENTS

Hospital:..... Major or Minor Dept.....
(if applicable)

Date:.....

Time:

Preamble:

The number of attendances at A and E departments goes up every year. According to statistics a high proportion of people (perhaps 50%) who attend do not need the specialist services they offer and could be treated elsewhere. This could perhaps reduce pressure on A and E departments and reduce the time people have to wait. This questionnaire explores your experience and ideas. It is being carried out independently of the hospital by members of Aneurin Bevan Community Health Council – we do not need your name and your comments will be treated in confidence.

1 Where do you live (Town /Village)

2 What time did you arrive in the A and E Department?

3 Did you make the decision to come yourself?

YES

NO

4 Did you contact any other part of the NHS beforehand? (tick any which apply)

NHS Direct

Your GP practice

The GP out-of-hours service

Ambulance/999 service

Other (please specify)

NO did not make contact

5 Did any of these contacts advise you to come to A and E

YES (please specify)

NO

NOT APPLICABLE

6 If you arrived by ambulance why did you think an ambulance was needed?
(tick as many as apply)

- 1) Fearful that your condition would deteriorate en route
- 2) Felt that an arrival by ambulance would improve the waiting time to see a doctor or nurse
- 3) Thought that an ambulance would take you to the right hospital
- 4) No other available or affordable transport
- 5) Other (please specify)

.....

7 Do you think your visit to the A and E Department could have been avoided if your condition had been recognised or treated earlier?

YES

NO

NOT APPLICABLE

Additional comments:

.....

8 Are there other alternatives which would have avoided you coming into a busy A and E Department today (please tick any you might like to see)

Better/ more available treatment via the GP

A more local minor injuries unit

Better advice or assessment of my condition via telephone contact with a doctor or health professional

Assessment /treatment in the home (eg by ambulance paramedics or specialist nurses)

Any other (please specify)

NO – my attendance at A and E could not have been avoided today

9 Do you have any additional comments on how the pressure on A and E Departments and waits for patients could be reduced

.....

.....
.....

Thank you for your time and help with this survey

June 2011

**Survey of patients attending the Accident and Emergency Department,
Royal Gwent Hospital**

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Arranged for me (NHS Direct/GP/Paramedic): 5

Felt arrival by ambulance would improve waiting time: 1

Thought ambulance would take me to the right hospital: 6

No other available/affordable transport: 9

7) Do you think your visit to the A and E Department could have been avoided if your condition had been recognised or treated earlier?

12 Respondents said Yes

90 respondents said No

9 said Not Applicable

The largest number of comments (9) made reference to GPs

"Could have been dealt with by GP or midwife perhaps"

"GP sent me home the day before"

"Would have visited GP if one was open and available in Cwmbran"

"Possibly – unable to see or speak to a GP for 3-4 hours"

"Would have liked to have seen a GP –was advised by practice nurse to come to A and E"

"Would have liked to see GP again"

"Why use a GP? You would only have been sent to A and E anyway"

"So far so good time wise in A and E, live nearer A and E than GP"

"Good so far, going to see a GP would have wasted time –was worried so straight to A and E"

- 1 Felt the problem should have been sorted out earlier at Nevill Hall.
- 1 Had sustained a head injury which was getting worse.
- 1 said possibly.
- 1 wasn't sure.

Amongst the No responders:

2 Didn't have GP/in Newport

3 Appointments/ Revisits

"Several days ago treated here at minor injuries and given an appointment to revisit today"

"Operation a month ago, back for check-up"

2 Long term condition/ on-going condition

5 people had actual or suspected broken bones for which an X-ray was indicated.

2 Had suffered accidents

1 Considered they were an emergency

8) Are there any alternatives which would have avoided you coming into a busy A and E Department?

Better more available treatment via the GP (12 people agreed)

A more local minor injuries unit (8)

Better advice or assessment via telephone contact with a doctor or health professional (4)

Assessment treatment in the home (3)

Other (11)

Attendance at A and E could not have been avoided (89)

"if you need to come to A and E, you need to come to A and E"

"(Royal) Gwent is the local injuries unit for me"

Explanatory comments around the category "Other" were:

"avoided if my problem had been resolved at a previous visit to RGH"

"if had X-ray perhaps"

"GP not able to help"

9) Do you have any additional comments on how the pressure on A and E Departments and waits for patients could be reduced?

44 comments were received:

24 – just over half were full of praise for staff , some indicating that waits were not too long or unavoidable. A number strongly endorsed the fact that A and E was the best option

"Best place when ill"

"Best treatment in A and E"

"Think attending A and E on this day was a sensible move"

"Brilliant"

4 people suggested extra staff, particularly doctors were needed.

1 suggested "more beds while waiting to free up ambulance trolleys"

A number of people were critical of waiting times.

2 suggested more minor injuries units/better out of hours services could help.

1 suggested there should be more awareness raising that GPs should be used in "non-urgent cases"

2 people felt that GP could have dealt with their condition – "GP could have done more"

SURVEY OF PATIENTS IN GWENT ACCIDENT AND EMERGENCY DEPARTMENTS

**Hospital:..... Major or Minor Dept.....
(if applicable)**

Date:.....

Time:

Preamble:

The number of attendances at A and E departments goes up every year. According to statistics a high proportion of people (perhaps 50%) who attend do not need the specialist services they offer and could be treated elsewhere. This could perhaps reduce pressure on A and E departments and reduce the time people have to wait. This questionnaire explores your experience and ideas. It is being carried out independently of the hospital by members of Aneurin Bevan Community Health Council – we do not need your name and your comments will be treated in confidence.

1 Where do you live (Town /Village)

2 What time did you arrive in the A and E Department?

3 Did you make the decision to come yourself?

YES

NO

4 Did you contact any other part of the NHS beforehand? (tick any which apply)

NHS Direct

Your GP practice

The GP out-of-hours service

Ambulance/999 service

Other (please specify)

NO did not make contact

5 Did any of these contacts advise you to come to A and E

YES (please specify)

NO

NOT APPLICABLE

**6 If you arrived by ambulance why did you think an ambulance was needed?
(tick as many as apply)**

- 1) Fearful that your condition would deteriorate en route
- 2) Felt that an arrival by ambulance would improve the waiting time to see a doctor or nurse
- 3) Thought that an ambulance would take you to the right hospital
- 4) No other available or affordable transport
- 5) Other (please specify)

.....

7 Do you think your visit to the A and E Department could have been avoided if your condition had been recognised or treated earlier?

YES

NO

NOT APPLICABLE

Additional comments:

.....

8 Are there other alternatives which would have avoided you coming into a busy A and E Department today (please tick any you might like to see)

Better/ more available treatment via the GP

A more local minor injuries unit

Better advice or assessment of my condition via telephone contact with a doctor or health professional

Assessment /treatment in the home (eg by ambulance paramedics or specialist nurses)

Any other (please specify)

NO – my attendance at A and E could not have been avoided today

9 Do you have any additional comments on how the pressure on A and E Departments and waits for patients could be reduced

.....

.....
.....

Thank you for your time and help with this survey

June 2011

Involve Newport

Summer greetings - and welcome to the third Involve Newport survey!

One Newport, the Local Service Board for our City, would like to hear your views.

Please read through the following survey and answer as many questions as you can. This survey is completely confidential and no personal information will be disclosed. Completing the survey should take no more than fifteen minutes.

There are three parts to this survey. The first part is about **GP Services in Newport**. The second part is about **Housing in Newport**, and the last part is from **Safer Newport**, the Community Safety Partnership. There are **thirteen** questions in total.

Simply read through the questionnaire and answer all the questions that you can. There are no right or wrong answers, and if you feel you can't answer any of the questions, just leave them blank.

We appreciate your time and assistance in providing this very important information, which will be used to help various agencies in the City to better plan their services to you. Click **next** to start the survey!

GP Services in Newport

- Q1 What do you do if you need to see a doctor urgently when your GP surgery is closed? Please tick one of the boxes below:**
- | | |
|---|-------------|
| Contact the Out of Hours Service | 313 (65.1%) |
| Go to the Accident & Emergency Department | 54 (11.2%) |
| Ring NHS Direct for advice | 98 (20.4%) |
| Other (please specify): | 29 (6.0%) |
- Q2 Are you generally able to get an urgent appointment with your GP within 24 hours?**
- | | |
|-----|-------------|
| Yes | 321 (66.7%) |
| No | 143 (29.7%) |
- Q3 How easy is it to get through to your GP surgery by phone?**
- | | |
|-----------------|-------------|
| Very easy | 109 (22.7%) |
| Fairly easy | 245 (50.9%) |
| Not very easy | 70 (14.6%) |
| Not at all easy | 44 (9.1%) |

	Don't know	7 (1.5%)
Q4	How easy is it to book a GP appointment that is convenient to you?	
	Very easy	53 (11.0%)
	Fairly easy	204 (42.4%)
	Not very easy	104 (21.6%)
	Not at all easy	103 (21.4%)
	Don't know	9 (1.9%)
Q5	How easy is it to book a GP appointment in advance?	
	Very easy	105 (21.8%)
	Fairly easy	182 (37.8%)
	Not very easy	80 (16.6%)
	Not at all easy	85 (17.7%)
	Don't know	18 (3.7%)
Q6	How easy is it to speak to your GP if you need advice?	
	Very easy	53 (11.0%)
	Fairly easy	129 (26.8%)
	Not very easy	123 (25.6%)
	Not at all easy	83 (17.3%)
	Don't know	84 (17.5%)
Q7	What GP surgery opening time would best suit you (please pick one)?	
	Morning - between 8 and 11 AM	116 (24.1%)
	Morning - between 9 and 12 PM	132 (27.4%)
	Lunchtime - between 12 and 2 PM	4 (0.8%)
	Afternoon - between 1 and 3 PM	17 (3.5%)
	Afternoon - between 3 and 5 PM	26 (5.4%)
	Evening - between 5 and 8 PM	136 (28.3%)
	Saturday morning surgery	38 (7.9%)

Ambulance Non-Admits

RGH & NHH - Ambulance Volume, Discharge & Follow Up

