



# **Surgery Services & Patient Care Survey**

## **December 2012**

# **Summary Report of Findings**

## Introduction

In early 2011, Richmond Surgery in conjunction with its Patient Participation Group (PPG) invited patients to become members of a Virtual Patient Representative Group (VPRG). The aim of the VPRG was to provide an opportunity for patients to feedback on existing provisions of care, internal systems, proposed new systems together with the opportunity to put forward suggestions for enhanced care and systems by participating in occasional virtual surveys.

In January 2012, Richmond Surgery issued its first survey to the VPRG on the subjects of 'Appointments & Access to Care'. These two subjects were selected following an initial VPRG pre-survey in November 2011 to identify the main areas of concern held by our patients. Non-members of the VPRG also had the opportunity to participate by completing a hard copy of the survey in surgery. In total, we received 359 responses. That survey, the outcomes, formal reports and up to date action plan were published on the practice's website and are still available for inspection.

The practice has been obtaining patient email addresses following the introduction of Appointments Online in June 2011. This new system is still in its infancy and continues to be actively promoted, but is gradually increasing in patient users. Patient email addresses started to be used from mid 2012 as a method for regular contact with our patients in particular by way of monthly eNewsletters and had received favourable feedback. The practice has also been obtaining patient mobile telephone numbers because of another new system introduced as a result of the January 2012 survey, this being Text Appointment Reminders. 85.3% of patients surveyed had asked for a reminder system and this too was receiving extremely favourable feedback not just for appointment reminders, but other clinical reminders such as flu vaccines, regular blood tests etc.

It was therefore logical to send invitations for future surveys to all patients who had provided the practice with an email address and a mobile number. Other methods were also adopted which resulted in a total of:

- 2337 email invitations
- 4297 text message notifications.
- Members of the original VPRG were automatically included.
- Promotion on the practice's website including a direct link to survey
- Hard copies were made available in 2 places at surgery.

The aim of these approach methods were to reach a far greater percentage of patients and so hopefully achieve a broader representation of the patient population i.e. disabled, specific health related issues, age, ethnicity, sex and any specific identifiable groups.

In December 2012, Richmond Surgery carried out a second survey on the subjects of "Surgery Services and Patient Care". Following meetings with our Patient Participate Group (PPG) throughout the autumn of 2012, it was agreed with the PPG, the Partners and the Practice Manager that these subjects would form the basis of a new survey as many new systems for

improved access to care had been introduced as a result of the January 2012 survey. These subjects would also address other lesser areas of concern as indicated by patients in our January 2012 survey. The survey was broken down in to the following 5 areas:

1. Surgery facilities and available services
2. Services provided by the reception team
3. Services and care provided by the clinical nursing team
4. Services and care provided by the GP/Locum GP team
5. Overall satisfaction

The survey incorporated the wording of past patient survey questions used by Hampshire PCT as well as surgery specific questions that were prepared with the full involvement and agreement of the Surgery's PPG, the Partners and the Practice Manager.

The survey was launched in early December 2012 and hosted again by the online tool Survey Monkey for 3 weeks. Reminder messages were sent to non-responders which resulted in fresh activity. At the close of the survey the practice had received a total of 717 responders. Considering the total number of patients contacted, initial reactions were of disappointment at this low level of responders, approximately 11%, but when the results were analysed the positive was those who had participated had provided the practice with an excellent broad representation of our patient population that including under 16s/school and college attenders, long term sick patients and patients/carers within special medical categories. Please see the attached Addendum for a full breakdown of all responders. It was also considered, as with many surveys, that responders generally fell in to 2 categories; very happy with the service provided and wanting to acknowledge this; and those who had recently had an unhappy experience for whatever reason and wished to complain. The non-responders were generally viewed as having no adverse feelings of good or bad and therefore had no motivation to spend 10 minutes participating.

The results of the survey were reviewed by the PPG, the Partners, the Practice Manager, and Team Leaders. Where a score out of 5 was requested, it was agreed that for reporting purposes 'above average' relates to 2.5 upwards. It was also agreed that any score 4 and above was considered very good for the practice. Full results with breakdown and statistics are illustrated in the separate report entitled Summary of Survey Results.

## **FINDINGS:**

### **1. Surgery facilities and available services:**

The first questions in this area related to the surgery premises.

**Parking:** The surgery is fortunate enough to have sufficient square footage to provide free patient parking at the front of premises with staff parking at the rear. There are 2 spaces designated disabled only. Surrounding the surgery is a quiet residential road with no parking restrictions together with a small parade of shops within 50 metres of the surgery building again with free parking available front and behind.

The Surgery's current opening hours are as follows:

Monday - Friday 8.00am to 6.30pm

Monday, Thursday & Friday 7.30am to 8.00am – Morning Commuter Clinic

Tuesday -Thursday 6.00pm to 8.00pm - Evening Commuter Clinic

Of the 691 participants who answered this question:

66.5% advised they very rarely/never had a problem parking

25% advised they occasionally had difficulties parking

1.6% advised they always had problems parking

The remaining responders advised they did not drive to the surgery

It would therefore appear that overall the surgery provides a service that is working well. Of the very small 1.6% of responders who advised they always had difficulty parking, views were that perhaps this small percentage of patients are disabled and regularly encounter difficulties parking in the 2 designated disabled places either because of insufficient provision, or regrettably able patients using the spaces, a regular occurrence. It was also considered that perhaps this small percentage regularly attend the surgery during the busiest periods of the day, i.e. 0800-0900. Taking in to consideration all the available free, unrestricted parking within 50 metres of the surgery, this was a surprising result albeit it very low and therefore enhanced the thoughts that this related to patients with disabilities.

Building Access: The surgery premises were built in 1985 following a growth in patient count to 10,000. The premises has neither external nor internal electric doors, however all consultation and treatment rooms are located on the ground floor.

Of the 691 participants who answered this question:

97% advised they found access very easy/fairly easy

3.3% advised they found access not very easy/very difficult

Overall, the vast majority of responders had no difficulties however the small 3.3% that advised they did were considered to be patients with disabilities and/or the elderly and possibly mothers with prams. The practice has already considered electric doors due to the proposed expansion works. The cost versus demand will be taken in to consideration. As with any expansion programme, budgets are tight and with the addition of consultation rooms on the 1<sup>st</sup> floor the current plans include the need for a lift in the premises.

Premises Cleaning: The surgery uses contracted cleaners who attend every evening. With effect from February 2013, the surgery will be changing to new contract cleaners who are more adept to meeting the requirements for CQC (Care Quality Commission).

Of the 691 participants who answered this question:

97% advised the premises were very clean/fairly clean

1.4% advised the premises were not very clean

Just 1 responder advised the premises were not at all clean/dirty

The remaining responders advised they did not know.

Overall, the vast majority of responders found the premises to be clean. However as advised above, the practice has felt it necessary to change to alternative contract cleaners as the overall service and cleanliness that was currently being provided may not meet CQC's required standards and was not achieving the practice's expectations.

Facilities at the surgery: These questions related to patient facility areas and responders were asked to rate the facility from 1 to 5, 1 being the lowest and 5 being the highest.

Ratings out of 5:

3.83 - Main reception area

3.61 - Side reception area

3.70 - Prescription & Sample box locations

3.82 - Patient waiting room

4.09 - Consultation rooms

4.03 - Treatment rooms

3.56 - Patient toilets

2.84 - Baby changing facilities

Overall, the practice achieved above average for facilities. The prescription and sample boxes had recently been moved for H&S and security reasons to an area immediately by reception. Feedback from patients following the repositioning was reviewed and the prescription box moved again to improve access. The locations of both are currently the only options that enable compliance with H&S and security. With the planned expansion works, it is hoped that both can be repositioned to alternative areas in the future. It should be noted that not all participants were required to provide a response if they had no experience of a particular facility. For example, the provision of baby changing facilities received just 90 responses. Currently provided is a drop down changing table within the disabled patient toilet on the ground floor. This current facility will be removed as part of the expansion works and a new facility will be provided.

Services at the surgery: These questions related to patient services and responders were asked to rate the facility from 1 to 5, 1 being the lowest and 5 being the highest.

Ratings out of 5:

4.25 - Appointment Text Reminder Service

3.95 - Practice's website

3.90 - Patient Newsletter

3.84 - Patient Information Boards and Digital Information Screen

3.83 - Repeat Prescription Service

3.45 - Online Appointments Booking Service

4.10 - Commuter Clinics – morning and evening

3.94 - Provision of Phlebotomist

3.81 - Provision of a Minor Illness Clinic

3.65 - Variety of Private Therapists at the practice

3.58 - Out of Hours service

Again, the practice achieved above average for the provision of a range of services. It should be noted that not all participants provided a rating for every service. From this, the practice

was able to gauge the level of participants who had no knowledge of a particular service. Many of the services listed are new and introduced within the last 18 months. They continue to be promoted via patient newsletters, leaflets and via the digital information screen.

#### Summary:

Overall the practice appears to be providing above average facilities and services. To comment on some of these services however:

3.45 out of 5 Online Appointment Systems: There have been some technical issues with the software provider which has included periods of downtime and initial registration difficulties. The providers are continuing to make improvements. Currently, only book ahead with your own GP and the emergency back-up support book on the day locum appointments are available online. Nursing appointments are not available to book on line. All the nurses vary in the duties they are qualified to perform. There are also varying degrees of time required for nursing treatments which patients would not be aware of. For these reasons booking on line at the present time would be too hazardous.

3.81 out of 5 The Minor Illness Clinic with the Senior Practice Nurse is available to book on line, but the clinic is postponed at the time of this report because of long term sick leave. It is anticipated that this Clinic will restart this clinic from April.

3.83 out of 5 Repeat Prescription Service is currently by way of written request or email. This is also due to be incorporated in to the Online Appointment System and anticipated to go live within the next month. Training is currently being undertaken.

Facilities are likely to improve further with the proposed completion of expansion works. New services would continue to be promoted and in time news of these and patient usage will increase. The Action Plan will reflect this.

## **2. Services provided by the Reception Team:**

The first question related to patient contact with our reception team members and responders were asked to rate the team from 1 to 5, 1 being the lowest and 5 being the highest.

Ratings out of 5 - Polite and Helpful:

5 – In person

5 – On the telephone

5 – By email

It should be noted that participants only needed to respond to this question if they had experience of this service and that 31 participants skipped the question. The results were extremely positive with the practice's reception team receiving an average rating of 5 from those participants that responded.

Ratings out of 5 - Knowledgeable:

3.68 – In person

3.60 – On the telephone

3.54 – By email

It should be noted that participants only needed to respond to this question if they had experience of this service and that 31 participants skipped the question. Whilst the reception team have scored above average, it does reflect that additional training would be of benefit. The practice has recently seen a significant change to the reception team with many new staff members joining over the last 6 months. There are ongoing training programmes in place both internally and externally for all staff in particular the new team members who are gradually increasing their knowledge. It is hoped that these scores will reflect their increased knowledge in future surveys.

Patient privacy at reception: The practice provides a quiet side reception area for when privacy is required, however is conscious that during busier periods this may not always be adequate. Participants were asked if they believed they could be overheard and if so, how they felt about this:

312 – Yes, but I can ask for privacy

274 – Yes, but I don't mind

9 – No, other patients can't overhear

91 – Don't know

Overall the results demonstrate that this is not an area for concern and that patients are aware that if privacy if needed, it will be provided. It should be noted that 31 participants did not answer this question.

Summary:

The reception team have a varied, often difficult and extremely busy job being not only front of house but the middle person between the patient and nurse/GP. As well as the obvious reception and telephone duties, many of the team are involved with pathology, patient notes, registration, internal systems and prescriptions requiring vast amounts of regularly changing information. For newer team members this is often daunting and does take time to digest all knowledge. Despite this, the scorings have demonstrated that the team are doing well.

#### **Services and care provided by the clinical nursing team:**

Of the 717 responders, 301 advised they had seen and/or spoken with a member of the clinical nursing team. Therefore the following questions were rated by these responders only using 1 to 5, 1 being the lowest and 5 being the highest.

4.44 - Politeness

4.36 – Giving you enough time

4.35 – Listening

4.35 – Treating you with care and concern

4.31 – Taking your needs seriously

4.29 – Asking about your symptoms

4.23 – Explaining tests/treatments

4.22 – Involving you in decisions

The results were extremely positive with the practice's clinical nursing team receiving a high above average rating in all areas. The lowest scoring area, whilst not low at 4.22 could be attributed to the fact that the clinical nursing team occasionally need to refer back to the patient's GP for clinical/diagnosis purposes.

Ratings out of 5 - Knowledgeable:

4.42 – In person

4.29 – On the telephone

4.23 – By email

Again, the clinical nursing team have scored a high above average.

Ratings out of 5 – Confidence and Trust:

Participants were asked if they had confidence and trust with the clinical nursing team:

223 – Yes, definitely

59 – Yes, to some extent

13 – Don't know

6 – Not at all

Of the 301 responders, there was a positive 74% who advised that they had confidence and trust in the team. 19.5% advised to some extent with 1.9% advising not at all. Unfortunately whilst the survey advised participants as to how they could provide feedback, none were received regarding this lack of confidence and trust. Whilst the 1.9% is small as an overall percentage (6 patients) it cannot be ignored. However, it was a confusing response bearing in mind earlier questions had rated and scored the nursing team very highly, that 6 patients then went on to state they had no confidence and trust in them. It was considered that perhaps these 6 may have been reflecting on a recent consultation that didn't achieve the outcome they had hoped. It was also noted that some patients book to see a member of the nursing team, in particular using the online appointment booking service, regarding medical issues that are not suitable for a nurse and should be with a GP. If booked via the reception team, patients are asked to briefly explain the reason for their appointment to ensure that a nurse is suitable, but also which nurse should be booked as each has different areas of expertise. The 19.5% "Yes, to some extent" is an acceptable level as the nursing team, whilst professionally trained, do not have the same level of training and knowledge as the GPs and therefore can only treat and advise to a certain level and if necessary, will refer the patient back to their GP. Despite these two scores, 74% of responders rated that they had complete confidence and trust. Without feedback, or even complaint at the time, it is impossible for the practice to know if an area of nursing care is lacking.

Ratings out of 5 – Waiting times:

Participants were asked how long they normally had to wait after arriving for their appointment to see a member of the clinical nursing team. Of the 301 responders:

- 113 – Seen on time/rarely kept waiting
- 83 – Less than 5 minutes
- 84 – Between 5 to 15 minutes
- 8 - Between 15 to 30 minutes
- 13 – Can't remember

65% of responders advised they were always seen on time or rarely kept waiting longer than 5 minutes. 28% advised they are seen between 5 to 15 minutes, again an acceptable level considering some may be seen after 7 minutes etc and just 2.6% advised they regularly had to wait between 15 minutes to 30 minutes to be seen. It was agreed that at the time of this survey, the nursing team had been operating on reduced capacity due to long term sickness of a full time team member and whilst actively working many additional hours, this may have had an effect on patient waiting times. It was also acknowledge that patients did not always provide a clear explanation of the treatment required and as time allocated is very much dependent on this, could cause delay to waiting patients. It was also identified that some patients would attend for their scheduled appointment and then attempt to discuss and/or ask for advice/further treatment for other issues during their allocated time.

#### Summary:

Overall, it was agreed that the clinical nursing team are achieving well through this survey, but there are some areas that would benefit from further review both with the team, and also from educating patients. The Action Plan will reflect this.

### **3. Services and care provided by the GP/Locum GP team:**

Of the 717 responders, 667 advised they had seen and/or spoken with a member of the GP team. Therefore the following questions were scored by those responders only rating 1 to 5, 1 being the lowest and 5 being the highest.

- 4.43 - Politeness
- 4.23 – Asking about your symptoms
- 4.21 – Treating you with care and concern
- 4.17 – Taking your needs seriously
- 4.16 – Listening
- 4.16 – Involving you in decisions
- 4.14 – Giving you enough time
- 4.14 – Explaining tests/treatments

As with the clinical nursing team, the above average scoring for the GP teams in most areas was very positive. The lower scoring areas, whilst not low in the true sense, perhaps reflected the high level of work that the GP teams are encountering these days with over 12000 patients at the practice. The team are currently providing the maximum available appointments each per day and to provide additional services and support, the practice uses an experienced team of regular locums both for continuity for the patient and for the practice. Commuter clinics have increased with the addition of morning appointments from 0730 and telephone consultations with the GPs have also been introduced. With stricter guidelines, pressure to reduce referrals and with longer waiting lists for

secondary care, the practice's GPs are also endeavouring to treat patients in-house, wherever possible, in an effort to avoid the patient enduring lengthy waiting lists,. Overall taking all the above in to consideration, it was agreed that the scoring should be viewed positively.

Ratings out of 5 - Knowledgeable:

4.29 – In person

4.26 – On the telephone

4.13 – By email

The GP teams scored a high above average in these areas. It should be noted that responders only answered if they had knowledge of this area. As a GP, if an area of concern requires a specialist consultant then a referral has to be made. This does mean the vast majority of patients will wait a considerable time due to current timescales to see a specialist consultant. Whilst the scoring is positive, if a GP is not able to resolve a specialist area themselves they would need to refer resulting in delay for the patient. Could this have preventing the survey results achieving 5?

Ratings out of 5 – Confidence and Trust:

Participants were asked if they had confidence and trust with the GP teams. A total of 660 participants responded to this question:

428 – Yes, definitely

202 – Yes, to some extent

23 – Not at all

7 – Don't know

Of the 660 responders, there was a positive 65% who advised that they had confidence and trust in the team with 30.5% advising yes to some extent. 3.4% responders advised not at all. Again, no feedback was received regarding this lack of confidence and trust. The 3.4% represented 23 responders and whilst not necessarily considered high as a total percentage this should not be ignored. Opinions were that this small percentage may include patients who had been dissatisfied at not receiving their expected level of care, prescription demands, etc. Also proposed was that with today's technology and access to online information, some patients may not automatically 'believe' what they are told and may opt to check through other sources. In contrast with the results for the nurses who are not perceived as providing a 'diagnosis' but simply carrying out routine tasks?

It was also considered that the results may reflect a period where the surgery had need of additional adhoc locums who assisted the GP teams during a particularly busy period in the autumn of 2012. Also agreed was the possibility of personality clashes. As with all surgeries, the practice receives requests from patients to transfer to another GP within practice for personality reasons. Despite this, the overall opinion considering the high above average scoring was considered positive.

Ratings out of 5 – Waiting times:

Participants were asked how long they normally had to wait after arriving for their appointment to see a member of the GP team. Of the 664 responders:

137 – Seen on time/rarely kept waiting

162 – Less than 5 minutes

314 – Between 5 to 15 minutes

40 - Between 15 to 30 minutes

3 – More than 30 mins

13 – Can't remember

45% of responders advised they were always seen on time or rarely kept waiting longer than 5 minutes. 47% advised they are seen between 5 to 15 minutes, again an acceptable level considering some may be seen after 7 minutes etc. 6% advised they were usually seen between 15 minutes and 30 minutes, with 0.5% advising they waited over 30 mins. These scores were not unexpected. For the vast majority of times, despite the extremely high workload currently placed upon the GP team, they were able to see patients within 5-10 minutes of their appointment time. However it is widely accepted that unfortunately there are occasions when the GPs have an emergency that will delay them for as long as is necessary. On other occasions it is difficult for the GP to close a consultation if treating a particular distressed patient. Whilst this will have a knock on effect to patients waiting, the GP has a duty of care to ensure the patient does not leave until ready. This could reflect the experience of the 0.5% (3 responders) who advised they had to wait more than 30 minutes as this is not a regular daily occurrence amongst the GPs.

Summary:

Overall, it was agreed that the GP team had achieved well through this survey, but there were areas that reflected some negativity and should not be ignored. Further consideration as to how to address these would be considered and where possible, the Action Plan would reflect this.

#### **4. Overall satisfaction:**

Participants were asked for their overall satisfaction with the care received and services provided, both existing and recently introduced. Of the 675 responders:

582 – Very satisfied/fairly satisfied

55 – Neutral – neither satisfied nor dissatisfied

38 – Quite/Very dissatisfied

94.3% of participants confirmed that overall, in varying degrees, they were satisfied. This is an extremely positive score and potentially reflects the many new services and improved access to care that have been introduced over the last 18 months, many as a result of patient surveys and/or suggestions. Disappointingly of course is the 5.7% of responders who have

stated they are not satisfied with the services provided. This does of course reflect those areas in the findings above where a few patients have scored the practice lower.

At the end of the survey, participants were asked if they would recommend Richmond Surgery. Of the 674 responders:

292 – Absolutely

291 - More than likely

49 – Don't know

42 – No

It was extremely positive to see that 86.5% of responders confirmed they would/more than likely would recommend Richmond Surgery. Again the small 6% negative reviews would reflect those participants who had scored the practice low in some areas.

### **Conclusion:**

The PPG, Partners, Practice Manager and senior team leaders were fully involved throughout this survey, monitoring and reviewing results by way of internal and external emails, discussions and meetings. Following a final meeting with the practice's PPG on the 11<sup>th</sup> February 2013, it was agreed that the overall opinion was that the practice is achieving extremely well. There are a few areas that have given some cause for some concern and irrespective that they are probably a reflection of a small minority will be addressed in an effort to improve, where practically possible. Whilst the practice would have been very pleased to receive top marks in all areas, as with any service provider and business, it is accepted that there will always be a proportion that are not satisfied for a variety of reasons. From the practice's perspective, this proportion is very small in the overall review of this survey. An Action Plan has been agreed and will be implemented.

Great improvements to patient access to care, facilities and services have been made during the past 18 months and the Practice will continue to research and introduce new systems, adjusting and reviewing existing systems and involving its patients in the provision of care now and for the future.

All survey results and reports have been published and notified as follows:

- Summary of Survey Results, Summary Report & Action Plan to the Practice's website
- The PPG were provided with copies of all final Reports
- Notification posted at the Surgery of the Report publications
- The Practice's next Newsletter will include notification of the Report publications

The practice will perform a third survey towards the end of 2013 to monitor the progress of Action Plans and to build on these. The Practice will actively continue to gain email addresses and mobile telephone numbers for patients to ensure that future surveys will reach an even wider practice population. Overall, the practice is achieving well and will continue to strive to achieve even higher.

## Addendum - Profile of Practice Population & Survey Responders

% of Current Practice Patient Population		% of Survey Responder's Profile	
<b>Age</b>			
% Under 16	21.2	% Under 16	0.6
% 17 - 24	8.3	% 17 - 24	1.1
% 25 - 34	10.5	% 25 - 34	7.4
% 35 - 44	16.4	% 35 - 44	19
% 45 - 54	15.4	% 45 - 54	20.4
% 55 - 64	9.8	% 55 - 64	20.5
% 65 - 74	10.0	% 65 - 74	24.4
% 75 - 85	5.8	% 75 - 85	5.5
% Over 85	2.6	% Over 85	1.1
<b>*Ethnicity Within Practice (% or patient count)</b>		<b>% Ethnicity of Survey Responders</b>	
<b>White</b>		<b>White</b>	
% British Group	46.8	% British Group	94
% Irish	6 patients	% Irish	0.7
<b>Mixed</b>		<b>Mixed</b>	
% White & Black Caribbean	0 patients	% White & Black Caribbean	0.1
% White & Black African	6 patients	% White & Black African	0
% White & Asian	3 patients	% White & Asian	0.4
<b>Asian or Asian British</b>		<b>Asian or Asian British</b>	
% Indian	0.2	% Indian	0.4
% Pakistani	1 patient	% Pakistani	0.1
% Nepalese	4 patients	% Nepalese	0
% Bangladeshi	0 patients	% Bangladeshi	0
<b>Black or Black British</b>		<b>Black or Black British</b>	
% Caribbean	1 patient	% Caribbean	0
% African	0 patients	% African	0
<b>Chinese or other ethnic group</b>		<b>Chinese or other ethnic group</b>	
% Chinese	0 patients	% Chinese	0.1
% Any Other	6 patients	% Any Other	2.9
*The practice is still gathering ethnicity of patients therefore the above figures reflect <b>ONLY</b> those patients who confirmed their ethnicity at registration.		Prefer Not To Say The above figures reflect the ethnicity of survey responders.	1.3
<b>Gender Within the Practice Population</b>		<b>Gender of Survey Responders</b>	
% Male (6134 )	49.7%	% Male	39.0
% Female (6205)	50.3%	% Female	60.9
		Prefer Not To Say	0.1
<b>Occupation</b>			
Employed (full or part time, including self-employed)			53.6
Unemployed/looking for work			0.6
At school or in full time education			0.8
Unable to work due to long term sickness			1.1

Looking after your home/family		7.4
Retired		35.5
Other/Prefer Not To Say		1
<b>Specific Care groups</b>		
<i>e.g. learning disabilities, substance misuse, nursing homes, travelling community, Faith groups, specialist units etc.</i>	Total Patients within the Practice Population	Survey Population Responders
Learning Disabilities	11	10
Asthmatics	691	37
Diabetics	417	34
COPDs	93	10
Expectant Mothers	77	5
Registered Disabled at practice	30	<b>24*</b>
Other (as reported by Responders)		22
Total Survey Responders who answered this question = 142		
<b>*As per survey responders, although may not be 'registered disabled' at practice.</b>		