

Grove Road Surgery, Eastbourne

Patient Satisfaction Survey Results November 2013

Background Information:-

The survey questionnaire comprised of 11 questions on a central theme of repeat prescribing. This topic was chosen after discussions with the patient participation group (PPG) as prescribing accounted for large amount of the practice budget. It was widely believed that NHS prescribing was badly controlled and as a result, there was not only wastage of medications but also the cost implications accompanying this wastage. The scale of the wastage was completely unclear to the PPG but it was agreed that even a 5 or 10% reduction in wastage, would equate to a massive financial saving to the practice budget and the wider NHS in general. Some of the wastage was felt to come from medications being prescribed that were never used and therefore discarded. It was also the PPG perception that patients simply ordered everything that was on their repeat regardless of whether it was needed or not, whereas this should be just what is required. The PPG proposed this as they all new someone who had a cupboard full of medications that they didn't need and this had purely come about through over ordering. It was also suggested that the surgery was not always aware of patient under / over usage of their repeat medications and this could also compound the problem.

The survey was compiled and quality checked by the patient participation group but this was also done in conjunction with the surgery. The final questionnaire was agreed and approved by both the PPG and the surgery.

The survey was conducted both in-house and on-line using the website www.surveymonkey.com in the 6 week period of 21st October – 30th November 2013.

In-house questionnaires - were conducted by attaching a questionnaire to each prescription reorder sheet for prescriptions issued in November 2013. Often these were collected by the pharmacists courier collection service and not the patient themselves, but the pharmacies had all been briefed on the survey, and these were simply passed to patients when they collected their medications from the pharmacy or when delivered by the driver for the home delivery service. This meant that all groups of patient were invited to partake in the survey. Many completed questionnaires were received back in the surgery within a week but there were also several that were received back a month or so later, as these were returned with the next months repeat medication requests.

Patients who actually collected their prescriptions from the surgery, either completed the questionnaire before leaving the surgery or returned it at a later date.

There were patients who were clearly not interested in taking part and this was recognised by staff. Whilst patients were encouraged to partake they were never pressured into doing so.

On-line questionnaires - due to the previous successes of using ' survey monkey ' an organisation who allow questionnaires to be completed free on-line, it was felt we should again use this method and e-mail the link to the patients. At the time of the survey the practice had almost an 800 strong patient e-mailing database group. These are patients who utilise our dedicated email repeat medication request service and were invited to take part. Within two weeks almost 200 completed returns had been received and a thanks you email was sent to the same 800 patient group and a gentle reminder was included in that message to the 600 who had yet to partake. Almost a further 100 were completed before on-line closing date.

Survey Responses

A total of 396 questionnaires were completed (109 in-house and 287 on-line) which represents 5½% of the practice list of patients.

It was agreed that for simplicity of the analysis another 4 in-house results to round up the total figure completed to 400 returns would be welcomed.

All 800 of the e-mail group were sent the on-line link to the survey, of which 287 completed the survey on-line which equates to a 36% return rate. This compares to 291 returns in 2012 which represented a return rate of 53% but was actually based upon a 550 database cohort. So whilst the 2013 patient survey seems to have had a poorer response it should be borne in mind that the database had actually increased by 250 patients but that the number of respondents in both year remained consistent. It was unclear why the cohort increase had not manifested itself into a similar increase in responses.

The practice also prepared 250 paper copies of the questionnaire of which 109 were completed. This represents an 43½% completion rate. The 2012 questionnaire also triggered the same 250 paper questionnaires, but in 2012 had a 209 response rate, equivalent to 83½% response rate. It was felt that the lower number of returns was due entirely to the increase of the number of questionnaire actually leaving the surgery to be completed and whilst being taken off-site for completion, were never actually returned. Nevertheless, the practice was pleased with a 43½% returns rate but obviously would have been delighted with more responses.

Overall the practice received 400 responses, and is pleased with the returns rate both on-line and in-house.

Survey Results

A pie chart for each individual question is at the end of this report, between pages 8 - 15.

The following is a breakdown of each individual question

1. Is it your understanding that medications are free on the NHS

Yes	=	214	53.5%
No	=	186	46.5%

Q2 Do you order your repeats yourself ?

Yes	=	346	86.5%	(please now go to question 5)
No	=	54	13.5%	(please answer question 3 & 4 but miss out question 5)

Q3 As you do not order your repeats yourself, who orders them for you ?

A family member	=	9	16.1%
Carer / Friend or neighbour	=	7	12.5%
The Pharmacist or Chemist	=	34	60.7%
Other	=	6	10.7%

Q4 Whoever is ordering for you, do they always check with you each time exactly what you need ?

Always checks with me before ordering	=	45	80.3%
Reorders everything regardless	=	11	19.7%

Q5 As you order your repeats yourself, do you order everything on repeat or just the item(s) you require ?

(this question is only for those who answered question 2)

Order everything regardless	=	9	2.3%
just the item(s) I require	=	346	97.7%

Q6 Have you ever ordered items and then not used or opened them ?

Yes	=	46	11.5%	
No	=	354	88.5%	(please now go to question 8)

Q7 How do you dispose of unopened / unused or out-of-date medicines ?

Return them to the pharmacy	=	37	80.4%
Throw them out with the rubbish	=	8	17.4%
Other	=	1	2.2%

Q8 Do you know that returned medication cannot be re-issued to another patient as storage cannot be guaranteed once it has left the pharmacy. This is because it may not have been kept out of sunlight, stored below a certain temperature, kept in the fridge or become soiled / damaged.

Yes = 369 92.3%
No = 31 7.7%

Q9 Knowing that any returns are destroyed, even if they are unopened, will you now be more aware of what you are ordering ?

Yes = 352 88%
No = 48 12%

Q10 Do you pay prescription charges or use the pre-payment scheme

Yes = 105 26.2%
No = 295 73.8%

Q11 Is it your understanding that the prescription charge :-

covers the cost of medication = 46 11.5%
is a charge levied by government = 350 87.5%
is for another purpose = 4 1%

Summary of the Survey

Q1 – There was almost a 50 : 50 split within the responses which in itself is surprising. There were 70 respondents who left free text comments and many people felt that medications were free to over 60 year olds and others stated it was for over 65 year olds. So this is clearly confusing to patients. Others said they were free for those on benefits, but there are several types of benefits and not everyone in receipt of them is entitled to free medication. Again, this was a confusing area. Quite correctly other mentioned they are free to certain categories of people with medical conditions.

Q2 – This question was simply to determine the split between the number who order themselves and those who have someone order for them. Dependent upon how they answered this question, determined whether they answered the next 2 questions or jumped to question 5. Surprisingly 86½% order their repeats themselves and only 54 patients (13½%) have someone else do it for them.

Q3 – Those who have someone else ordering on their behalf were asked to give details on who orders for them, as this was deemed as an area where over ordering could take place if stocks were not being closely monitored and everything was being ordered regardless. It was found that 9 patients (16.7%) have another family member order them. Just 7 patients (13%) have theirs ordered by a friend / neighbour or their carer, but 34 patients (63%) have theirs ordered by their chemist or pharmacist. No one left any free text comments against this question, which was not surprising.

Q4 – This question linked closely to question 3 as the perception was that this is an area where over ordering could easily take place if stocks were not being closely monitored and that everything was being ordered regardless. As 44 patients (81½%) of the 54 patient cohort claimed they were asked what they actually needed, this appears to rule out the groups perception as an area for over ordering. However, there were still 10 patients, equivalent to 18½% that were reporting that everything was being ordered regardless. There were a total of 8 patients who left free text comments against this question but all were just adding comments that were supportive of the question.

Q5 – This question was only answered by those who order their own repeats and in a similar way to question 4, focussed on the ordering everything or just what was needed. This was the converse to the question 4 group but again was perceived to be an area for over ordering, if everything was being ordered whether needed or not. Interestingly. An overwhelming 337 patients (97.4%) claim to only order what is needed. If a similar number were ordering regardless of need as they were in question 4, we would have had 64 patients ordering regardless instead of the 9 that were actually reporting that they were. In the free text section of this question, 21 patients made comments such as:-

- I order my medications 2 or 3 times a month
- Some come in 28's or 30 tablet packs others in 56 or 60 or even 100
- My wife chooses what I can have
- I seem to get everything although I don't ask for it.

Of the 9 who admitted ordering everything, it is to be noted that 6 of those patients do not pay prescription charges. This is being stated as this was a perceived area where over ordering takes place. This was because it was felt that as individuals do not have to pay for their

medications, this could / would reduce their need or desire to be restrictive on what they are ordering. There is no evidence to support this theory but in fact it is important to also state that 3 of the patients who do order everything, actually pay the prescription charge, and so this equates to 33%, which we would have expected to be below 5% if this perception had any credence.

Q6 – The next couple of questions were deliberately enquiring about wastage. This question looked at items that were ordered and never used, for whatever reasons. A staggering 46 patients (11½%) admitted ordering but never opening or using the item. In the free text comments section 11 of those 46 patients left feedback and all basically said that this was due to their medication being stopped or were started on a different drug or strength of the same drug. Normally, unless stopping a medication, your GP will ask you to continue and finish taking your current stocks before switching to the new one. It was assumed that this was more because of the direction or instruction of the hospital consultants rather than the GP's. In addition, patients left comments that after getting home and reading the enclosed instruction leaflet with their medication, this put them off taking the medication altogether. Again, GP's would normally explain to the patient about the medication and so the patient has the opportunity to say to their GP's, that they had concerns about taking the medication during the consultation. It is unclear if consultants adopt a similar position and would patients be so willing to actually say to the consultant, I don't think I want to take this. It is also important to note that of the 46 who order everything, 15 reported (33%) in Q7 that they returned them to the chemist for re-issue to another patient. Rather alarmingly, 3 patients (6½%) admitted throwing them out with the rubbish.

Q7 – As expected most patients return their unused medications to the chemist as 78.2% reported this. Disturbingly 10.9% of patients reported throwing out medication with the rubbish, which could cause environmental issues. Medication can be traced not only through dispensing labels on packaging, but also using the serial or batch numbers on the packaging. This means it is traceable to the issuing chemist and through their prescribing records to individual patients. In addition there maybe other identifiable household rubbish being thrown out along with the medication. The exact same number of 10.9%, admitted given away old medications to other people, friends or family. It was also admitted that this extended to their pets, and included friends and neighbours pets as well. One couple even admitted that one of them saw the doctor to get some sleeping pills, but which they both took. Furthermore they went on to admit, that when the doctor would not give that partner anymore, the other partner came and got some, which they would both then take. When the same stopping order was made by the Dr to that partner, the other partner simply made an appointment and went back onto them, and so the cycle went on. It is clear then that it is not just substance abusers who abuse NHS prescribing, it goes much deeper.

Q8 – This simply sought to find out if patients were aware that any returned medications cannot be reissued to another patient and 92.3% of patients were aware. Some of the free text comments ranged from being one of ' common sense ' to an understanding that these went shipped off to 3rd world countries. A few patients commented that using again would be fraudulent, as the medication had already been bought and paid for by the NHS, and so re-issuing to another patient would mean the medication attracting a secondary fee. There were several comments that followed the same thread of " I didn't know " or " what a waste " .

Q9 – It would be expected that knowing medications could not be re-used, that the question asking ' would you be more aware of what you are ordering in future ' , would score a

resounding 100% yes. This question, whilst seemingly obvious, was to ascertain whether there is a blasé attitude towards medication, as there is a perception amongst patients that there is and that this perception is fuelled by the 'I do not pay' section of society. Astonishingly, 48 patients (12%) said this knowledge would not alter their prescribing habits. There was a total of 54 free text comments left to this question, which next to question 1 (which enquired as to whether patients understood that medication was free on the NHS) was by far the second highest question prompting free text responses, which clearly demonstrates the level of feeling attached to such a question. Some of the comments were linked to the previous question of sending to 3rd world countries, but the vast majority reflected the perceptions of wastage and also included substance abusers within the wastage. There were also several comments both sarcastic and genuine belief that people ordered with the clear intention of wasting as they had little or no understanding of their behaviour. It was a question that touched a nerve and created a spark of responses.

Q10 – With this question we wished to find out the breakdown of who pays the prescription charge or uses a prepayment certificate and who doesn't pay. Eastbourne has a large elderly and retired population and the expectation was that the 'NO – I do not pay' would far outnumber the 'YES – I do pay' numbers. The split was approximately 1 in 4 of us actually pay the prescription charge. The groups perception was that the very young and the very old are the biggest users of medications. Patients commented that some medical conditions exempt patients from paying a prescription charge i.e. those who had diabetes, thyroid problems, were taking the oral contraceptive pill etc. The patient group also felt that the number of young and old in Eastbourne, coupled with those with medical exemptions, would tilt the numbers to an expected minimum of 5% and a maximum of 15% who would pay. The questionnaire clearly does not reflect perceptions as a little over 25% actually pay for their prescriptions. From the next questions it was also ascertained that 40% of those who do pay, believed that the cost they were being charged, was to cover the cost of their medication. Which is actually wrong.

Q11 – This question asked everyone, regardless of whether they pay the prescription charge now, have done in the past or may have never paid, just exactly what the prescription charge was for. Quite rightly almost 87½% new this to be a charge levied by government. A further 11½% understood this charge was to cover the cost of the medication and just 1% thought this was for some other purpose and they commented that this was a stealth tax or to cover the chemists overheads. There was a total of 14 free text comments and a couple stated that as they pay prescription charges, they go to the local accident and emergency unit to obtain their prescriptions, as the hospital supplied medications are free from the pharmacy as the scripts are not normal NHS scripts but hospital ones.

Outcomes

It is clear from the responses that as there is a 50 : 50 split over whether medications are free on the NHS or not. There was also confusion between whether age exemption starts at 60 or 65 year of age. This confusion also spilled over into the medical exemptions as well. Obviously some education work is needed to be done to correct this.

As the majority of patients (86½%) order their repeats themselves, this does mean that any further information / education as a result from the survey, should indeed reach the target audience. Which is obviously a good thing.

The problem with 13½% having their medications ordered by someone else, means there is ample room for errors and more importantly over ordering. There was some concerns raised by patients, and these concerns were raised and discussed with the patient group, that the chemists should not be allowed to order patients medications, as they have vested interest in what is ordered, and so is open to abuse. It was felt that professional integrity would prevail and override the concerns being raised. However, it was accepted that the patients concerns were very real but that the reality of the risk materialising was very minimal indeed. Whilst the risk was recognised it was agreed with the patient group that the concerns should be documented in the survey report, which would be sent to the CCG and Health Authority as well being seen by patients on the surgery website.

The patient group were very reassured by the knowledge that over 80% of repeat requests were actually based upon what was needed rather than just ordering everything that is on repeat. As the survey was completely anonymous, it is impossible to target those who order regardless. However, it was accepted and agreed that the survey itself should help increase the figure of ordering what was needed and thereby reducing the numbers who order everything. The patient group asked that the surgery encourage this process further by educating via the surgery newsletter and website, which of course we would happily do.

As was found in question 2 just over 86% order their medications themselves and of these 97.4% reported they only order what is needed. However this still left 9 patients who were actually reporting that they were ordering everything and of those 9 patients, a total of 6 patients, do not pay prescription charges. It is important to recognise that this was an area where it was perceived that over ordering was taking place, because it was felt that as individuals who do not have to pay for their medications, would have little or no incentive to try and help the NHS by not over ordering. The figures do not support this theory.

Wastage was perceived to be a big problem in the NHS. When patients have died, the chemists received black rubbish sacks full of medications including dressings that have been unused. District nurses find vast amounts of unused medicines in peoples homes. Doctors when carrying out home visits often see unused medicines. In addition, patient report to the practice nurses that they have cupboards full of unused medication. All of these factors fuelled the perception of wastage. However, when confronted with a questionnaire such as this, the responses do not support what is seen by staff working in the NHS in GP's surgeries, hospitals and within the community and pharmacies.

Like many large towns across the country, we have our fair share of substance abusers, and the perception was that there was considerable wastage through the towns substance abuse patients. Whilst substance abusers may over use medications there is little evidence to support that this is being wasted in the true sense of the word.

We know from the survey that 46 patients admitted ordering but never opening or using the medication. Whilst to some this would be seen as wastage, it can also be seen by others as abuse, but of course you wouldn't call them substance abusers, but it does show there are varying factors when it comes to wastage and abuse. The couple who rotate their sleeping pill arrangements with the doctor, are another group who could be accused of being abusers, but they will simply see this as their right to have a good nights sleep, courtesy of the NHS. Many of us would recognise and support that view. Does this view also mean we are abusers. We also know from the free text comments provided by some of these 46 patients, that this was due to their medication being stopped and so were no longer needed. A new medication was started, which meant that other medications were no longer required and therefore stocks were not needed. We also learned that some patients were put off taking medications because of the enclosed instruction leaflets. It was hoped that this survey would encourage patients to be more vigilant about their medications and helping the NHS reduce wastage but apart from that it was

difficult to see what else could be done. Clearly there is some further education required by the practice, in order to reduce what is obviously wastage of medications.

The patient group were reassured to know that the majority of patients returned medications to the pharmacy for disposal. However, discovering that 10.9% of patients reported throwing out medication with the rubbish was equally disturbing. This is clearly an area where Doctors and pharmacies can work together and educate patients on the correct means of disposal.

There were mixed reactions surrounding the return of medications as many believed these were sent to 3rd world countries or to vets to use on sick animals. There is obviously an accepted culture that just because it maybe unfit for human consumption, this does not mean we should not out-of-date or unused medication to a sick animal. It was clear that some patients simply hoped that this is what was happening to the returns or something along these lines. It was suggested by the patient group that somehow this makes us all feel a little easier about the wastage to the NHS, if it is being used somewhere else, whether this be fact or fiction.

The patient group found it quite surprising to find that 1 in 4 of us actually pay for prescribed medications, as the perception was this would be much lower and was suggested that the expectation was between 5 and 10%. From some of the free text comments that were submitted, many felt that everyone should pay regardless of age or medical exemption. Only by charging everyone could we eradicate wastage and abuse because it was believed that no one would pay for medication and then not take it. It was suggested that national figures of food wastage were very high and wasn't this something along similar lines. This would therefore suggest that if everyone did pay a prescription charge, this would not necessarily cut out wastage. Others took the opposite stance on charging. It was felt that by charging some patients who needed medication, that they would go without it because they couldn't afford to pay the prescription charge. This was considered by the patient group to be unacceptable in today's society. Many felt that making a charge was making patients play some form of Russian roulette with their health. This is also a view held by many who work within the NHS. It is difficult to argue with either of these views as the patient group felt that there was some element of fact in both of these opinions.

Overall, it was felt the patient satisfaction survey was very good and very revealing. Some of the responses did not go according to the patient groups plan or expectations. Some patients comments were very open and honest and to say were revealing, was in some instances an understatement.

The patient group also felt that the survey as well as being a questionnaire, had actually been an informative and educational tool as well. The questions were worded in such a way as to enquire but at the same time to inform and this was seen as a good thing.

The patient group also requested that the results be shared with the health authorities as some points needed further discussion and investigation at a higher level. The points in question that really prompted this was the discovery of hospital issued prescriptions via accident and emergency departments, as this may account for some of the increases in attendances. Another factor was the disposal of unused or out-of-date medications, as it was felt there must be something more to be done in this area. These were just two factors prompting this thought.

There was a suggestion from the PPG that more education needs to be done regarding prescribing. The practice should continue to make use of its website and newsletters along with posters etc but the Department of Health and the NHS in general should also look at ways to educate patients as only then can we begin to tackle the problem of wastage.

Additional Information

The following section is considered to be additional and useful information.

Profile of the Patient Participation Group (PPG)

The PPG was formed in November 2006 and this was following an advertising campaign in consecutive surgery newsletters June / July 2006 edition and the September / October 2006 edition. The group is formed entirely from volunteers.

The original patient group of 2006 consisted of 6 members, 2 male and 4 females. The 2 male members were aged 60 and 70 years, were both retired, one had his own business and the other was an engineer. The 4 females were a young mum (under 30 years), a working mother from Somalia (under 40 years and ethnic minority), a schoolteacher in her 50's and a retired hospital worker in her 60's, who was also registered as disabled.

In the ensuing years new members have joined the group lifting the number up to nine at one time, whilst others had left leaving five as the lowest number over the years.

Sadly, in 2012 one of the male founder members of the PPG died.

In 2013 one of the remaining two founder members left the group, leaving just one original male member within the group. The group has recruited 4 new members in 2013 and another new member will join the group in early 2014.

The PPG currently consists of 10 members, with just 1 of the original group still present. The present membership is evenly split with 5 men and 5 women. The group has a medical writer, hairdresser, two ex-police officers, one male and one female, an ex nurse and personnel from business backgrounds. The group has a registered disabled member as well as a member from an ethnic minority. Several members of the group are still working and in addition to their daily roles, members of the PPG also sit on other boards and panels, including school governors including a justice of the peace.

One of the strengths of the group has always been its independence which provides a voice of views and opinions, that the surgery finds extremely helpful.

The current PPG is a diverse group We are aware there are gaps in this diversity, namely we do not have a young mum, but the practice has actively approached some individual patients who it was felt might want to be involved or be a good candidate to be involved. Unfortunately, we have been turned down on each of these personal invite occasions. Whilst the group is as diverse as it can be, we do recognise that there are elements of our practice population who are not being heard.

The practice is always advertising via the surgery newsletter to recruit new members and/or replacements. We have tried over the years to expand the group numbers to a maximum of 12 members but to no avail. It is your voice within the surgery, and so if you feel you would like to be involved in the PPG, you can keep a watchful eye on the surgery website and our newsletters for articles on the matter but why wait. Drop us a line at the surgery and tell us a little about yourself and we will invite you to one of the next meetings.

Opening times

The practice opening times are well advertised within the surgery, as well as within the practice booklet and on our website. The surgery opens at 8am Monday to Friday and closes at 6:30pm on those days. Please also note, that we are closed from 1 -2 pm for lunch.

Saturday Opening (Extended Hours)

In addition the surgery offers Saturday morning appointments with a GP and these appointments are all pre-booked. These are also well advertised around the surgery, as well as via our practice booklet and website. Regular readers of our surgery newsletter will also know that we run several reminder articles on this service as well.

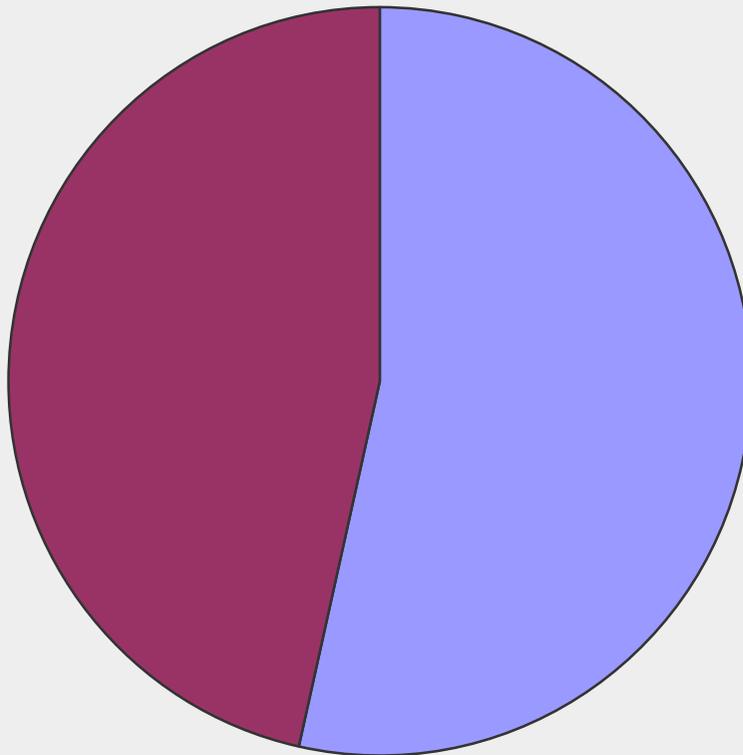
Grove Road Surgery (G81002) Eastbourne - Patient Satisfaction Survey 2013 - Repeat Prescriptions

Question 1 - Is it your understanding that medications are free on the NHS?

Total of in-house and on-line Results

Answer Options	Response Percent	Response Count
Yes	53.5%	214
No	46.5%	186
(this box can be used to provide any further information)		70
<i>answered question</i>		400

Is it your understanding that medications are free on the NHS?



■ Yes

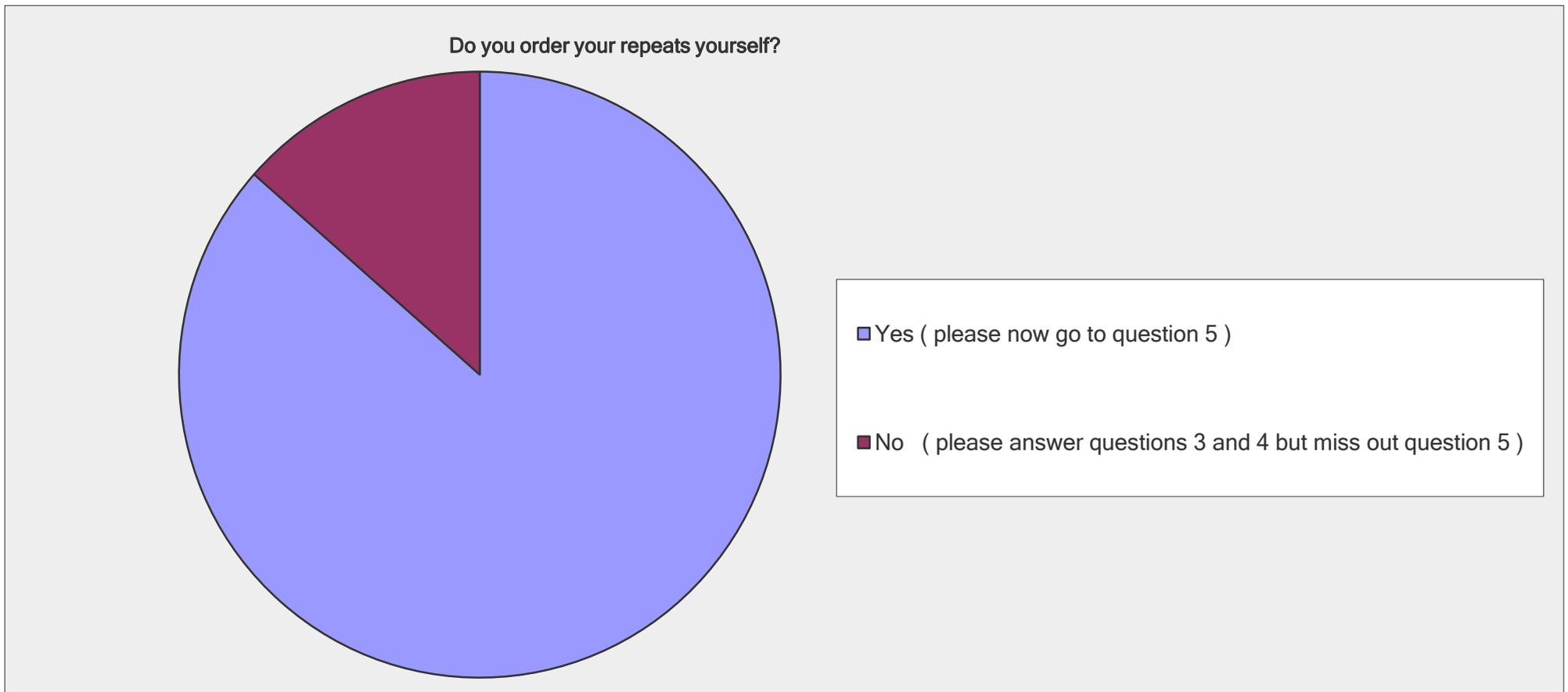
■ No

Grove Road Surgery (G81002) Eastbourne - Patient Satisfaction Survey 2013 - Repeat Prescriptions

Question 2 - Do you order your repeats yourself?

Total of in-house and on-line Results

Answer Options	Response Percent	Response Count
Yes (please now go to question 5)	86.5%	346
No (please answer questions 3 and 4 but miss out question 5)	13.5%	54
<i>answered question</i>		400



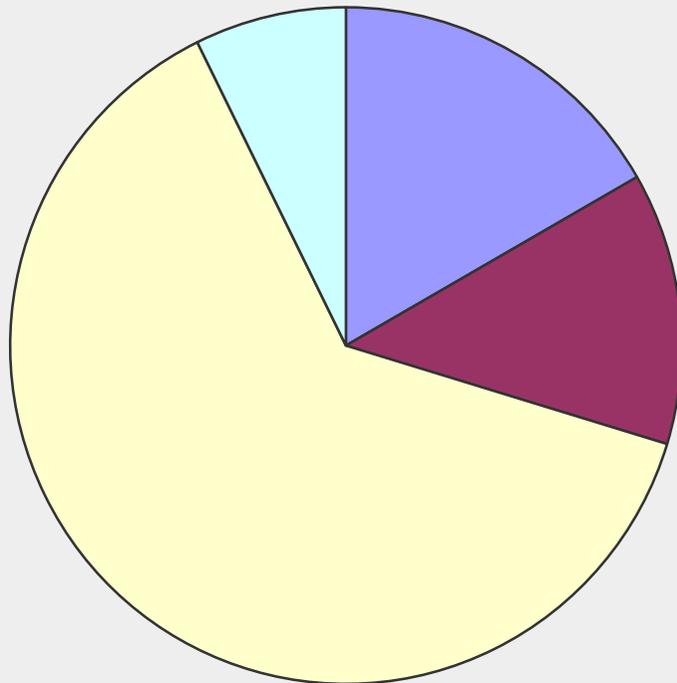
Grove Road Surgery (G81002) Eastbourne - Patient Satisfaction Survey 2013 - Repeat Prescriptions

Question 3 - As you do not order your repeats yourself, who orders them for you?

Total of in-house and on-line Results

Answer Options	Response Percent	Response Count
A family member	16.7%	9
A carer / friend or neighbour	13.0%	7
The Pharmacist or Chemist	63.0%	34
Other (please add further information in the box directly below)	7.3%	4
<i>answered question</i>		54
<i>skipped question</i>		346

As you do not order your repeats yourself, who orders them for you?



- A family member
- A carer / friend or neighbour
- The Pharmacist or Chemist
- Other (please add further information in the box directly below)

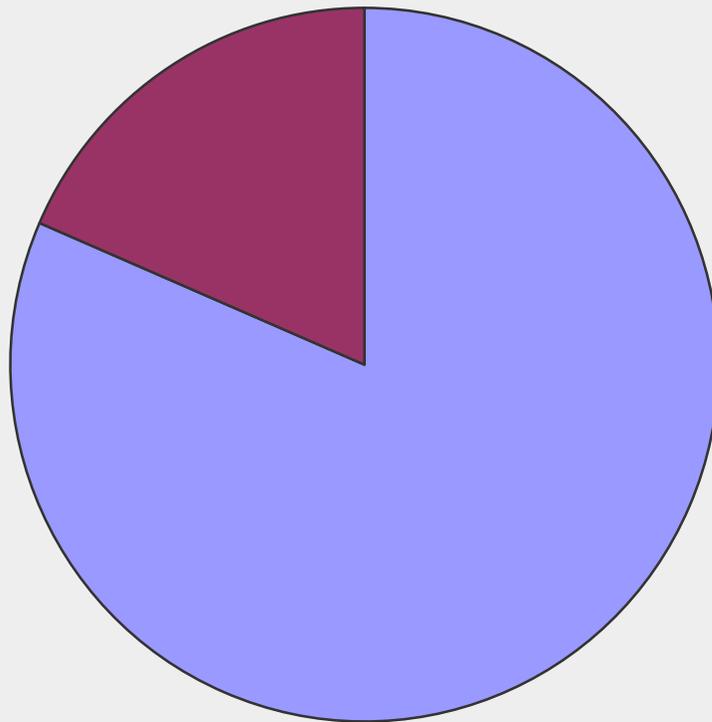
Grove Road Surgery (G81002) Eastbourne - Patient Satisfaction Survey 2013 - Repeat Prescriptions

Question 4 - Whoever is ordering for you, do they always check with you each time exactly what you need?

Total of in-house and on-line Results

Answer Options	Response Percent	Response Count
Always checks with me before ordering	81.5%	44
Reorders everything regardless (this box can be used to provide any further information)	18.5%	10
	<i>answered question</i>	54
	<i>skipped question</i>	346

Whoever is ordering for you, do they always check with you each time exactly what you need?



- Always checks with me before ordering
- Reorders everything regardless

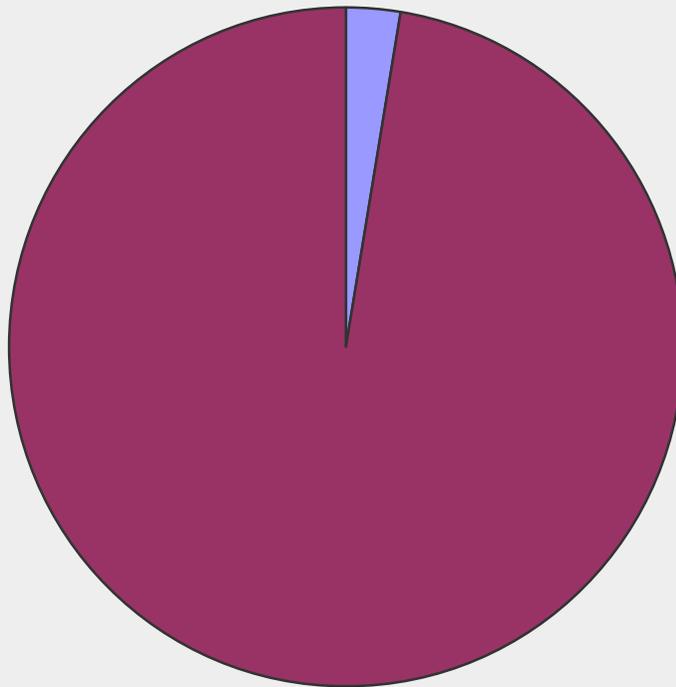
Grove Road Surgery (G81002) Eastbourne - Patient Satisfaction Survey 2013 - Repeat Prescriptions

Question 5 - As you order your repeats yourself, do you order everything on repeat or just the item(s) you require? (this question is only for those who answered ' YES ' to question 2)

Total of in-house and on-line Results

Answer Options	Response Percent	Response Count
Order everything regardless	2.6%	9
Just the item(s) I require (this box can be used to provide any further information)	97.4%	337
	<i>answered question</i>	346
	<i>skipped question</i>	54

As you order your repeats yourself, do you order everything on repeat or just the item(s) you require? (this question is only for those who answered ' YES ' to question 2)



- Order everything regardless
- Just the item(s) I require

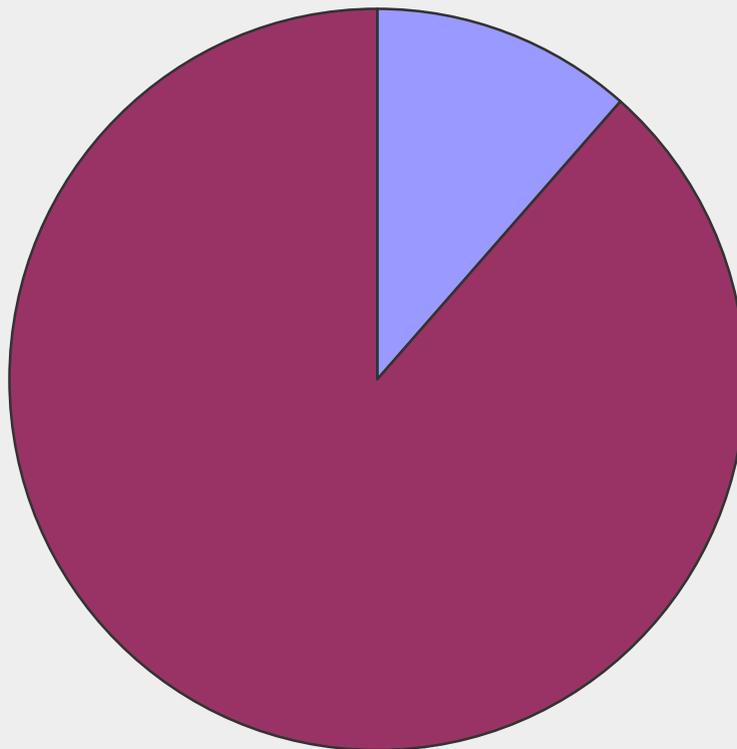
Grove Road Surgery (G81002) Eastbourne - Patient Satisfaction Survey 2013 - Repeat Prescriptions

Question 6 - Have you ever ordered items and then not used or opened them?

Total of in-house and on-line Results

Answer Options	Response Percent	Response Count
Yes (please continue with the questionnaire)	11.5%	46
No (please now go to question 8) (this box can be used to provide any further information)	88.5%	354
<i>answered question</i>		400

Have you ever ordered items and then not used or opened them?



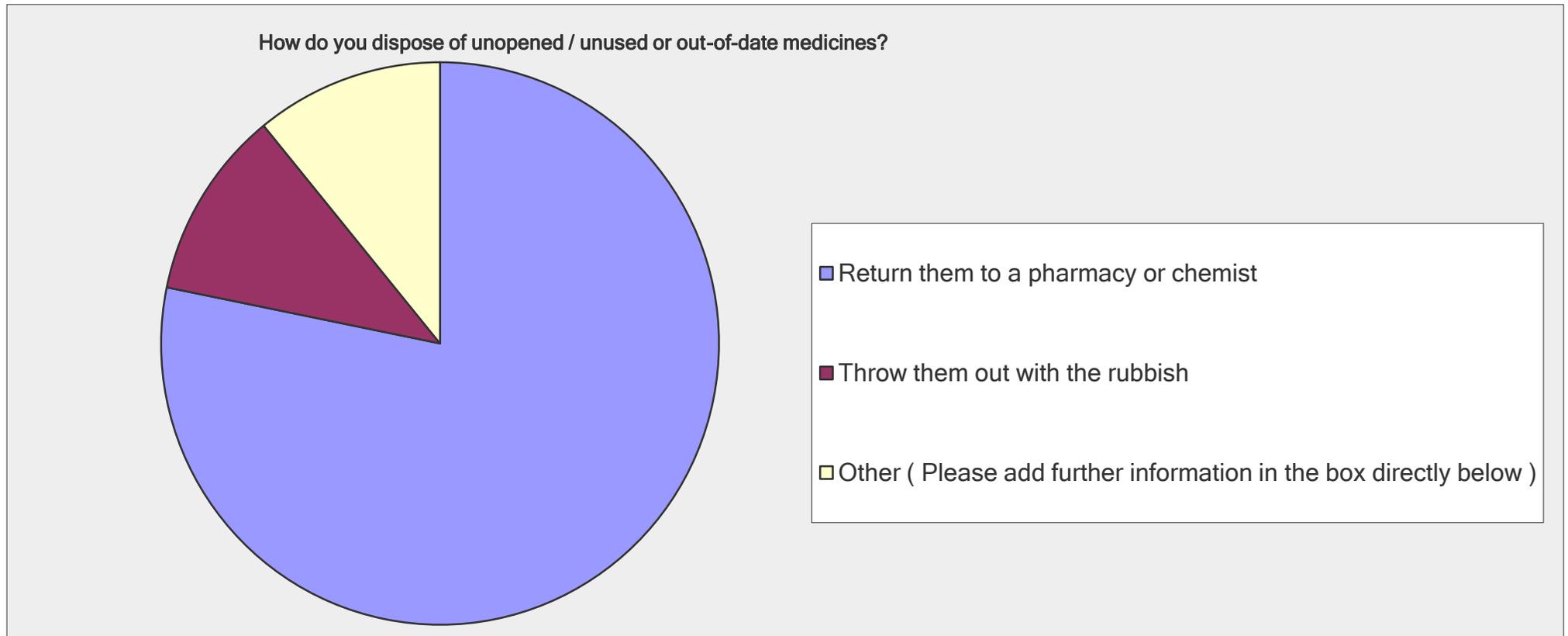
- Yes (please continue with the questionnaire)
- No (please now go to question 8)

Grove Road Surgery (G81002) Eastbourne - Patient Satisfaction Survey 2013 - Repeat Prescriptions

Question 7 - How do you dispose of unopened / unused or out-of-date medicines?

Total of in-house and on-line Results

Answer Options	Response Percent	Response Count
Return them to a pharmacy or chemist	78.2%	36
Throw them out with the rubbish	10.9%	5
Other (Please add further information in the box directly below)	10.9%	5
<i>answered question</i>		46
<i>skipped question</i>		354

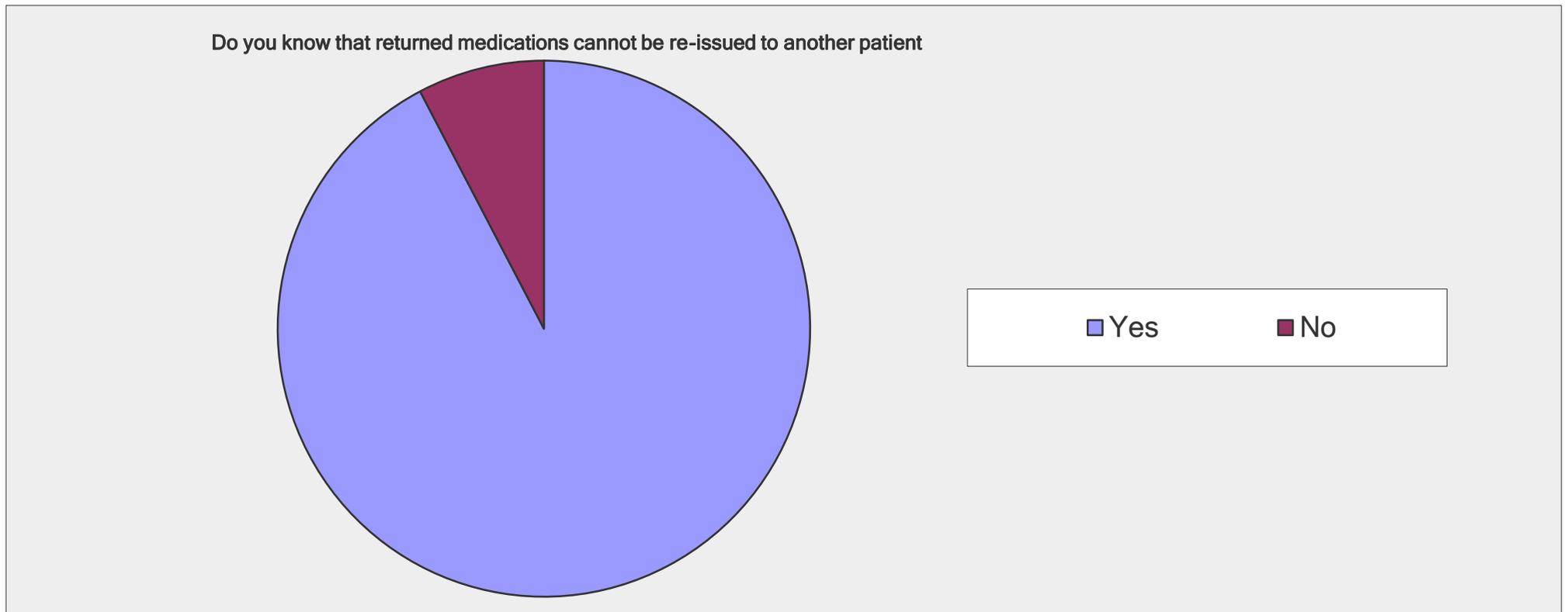


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Question 8 - Do you know that returned medications cannot be re-issued to another patient as storage cannot be guaranteed once it has left the pharmacy. All returned items are therefore destroyed. This is because it may not have been kept out of sunlight, stored below a certain temperature, kept in a fridge or may have become soiled / damaged.

Total of in-house and on-line Results

Answer Options	Response Percent	Response Count
Yes	92.3%	369
No	7.7%	31
(this box can be used to provide any further information)		17
<i>answered question</i>		400



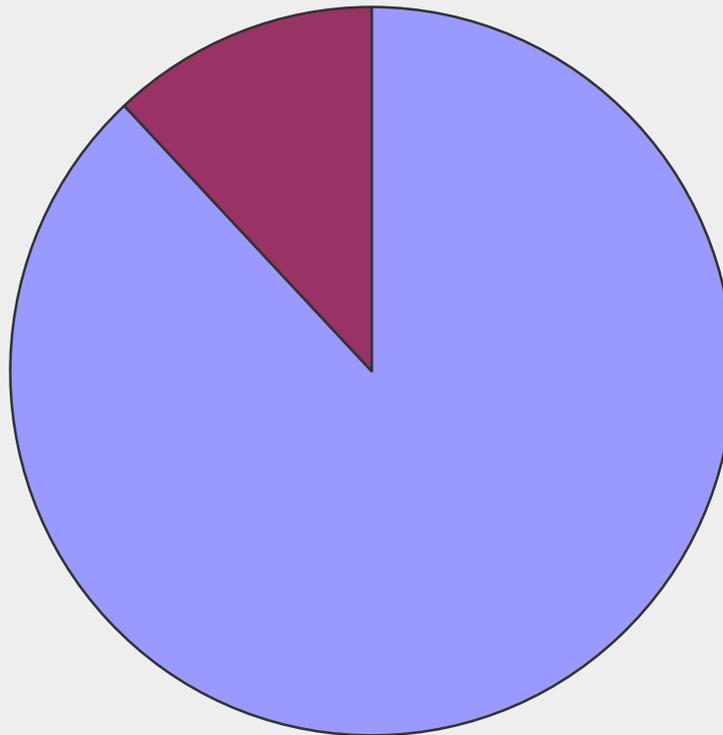
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Question 9 - Knowing that any returns are destroyed, even if they are unopened, will you be more aware of what you are ordering?

Total of in-house and on-line Results

Answer Options	Response Percent	Response Count
Yes	88.0%	352
No	12.0%	48
(this box can be used to provide any further information)		54
<i>answered question</i>		
400		

Knowing that any returns are destroyed, even if they are unopened, will you be more aware of what you are ordering?



■ Yes ■ No

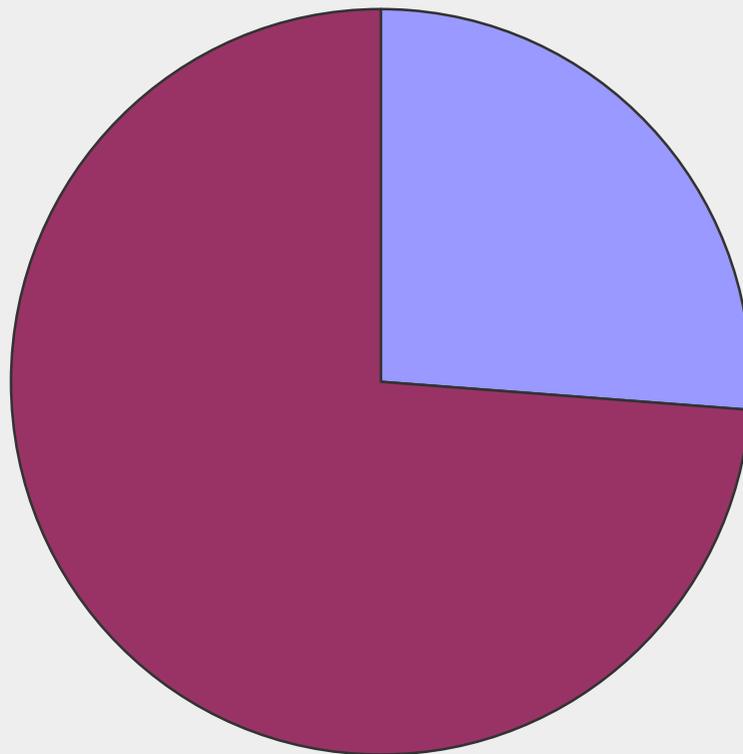
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Question 10 - Do you pay prescription charges / use the pre-payment scheme

Total of in-house and on-line Results

Answer Options	Response Percent	Response Count
Yes (please answer the final question)	26.2%	105
No (thank you the survey is now complete) (this box can be used to provide any further information)	73.8%	295
<i>answered question</i>		400

Do you pay prescription charges / use the pre-payment scheme



- Yes (please answer the final question)
- No (thank you the survey is now complete)

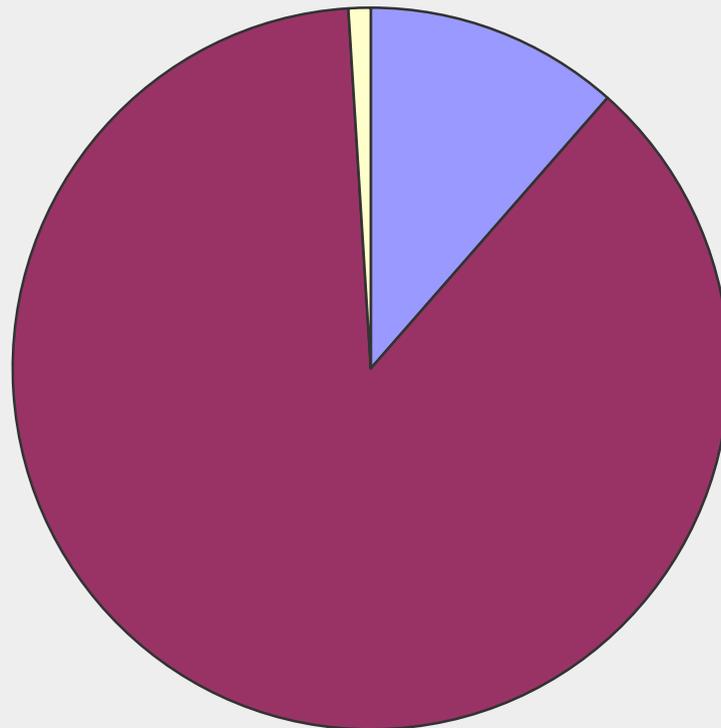
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Question 11 - Is it your understanding that the prescription charge:-

Total of in-house and on-line Results

Answer Options	Response Percent	Response Count
covers the cost of the medication	11.5%	46
is a charge levied by government but bears no relation to the cost of the actual medication	87.5%	350
is for another purpose (please add information in the box below)	1.0%	4
Other (this box can be used to provide any further information)		14
<i>answered question</i>		400

Is it your understanding that the prescription charge:-



- covers the cost of the medication
- is a charge levied by government but bears no relation to the cost of the actual medication
- is for another purpose (please add information in the box below)