

Private and Confidential
Professor Howard Branley
The Wellington Hospital
Platinum Medical Centre
15-17 Lodge Road
London
NW8 7JA

GMC Patient Feedback Report

Professor Howard Branley



1 Northleigh House
Thorverton Road
Matford Business Park
Exeter
EX2 8HF

t 01392 823766
f 01392 824767

e enquiries@cfepsurveys.co.uk
w www.cfepsurveys.co.uk

Professor Howard Branley
The Wellington Hospital
Platinum Medical Centre
15-17 Lodge Road
London
NW8 7JA

10 September 2015

Dear Professor Branley

Please find enclosed your report outlining your feedback from the recent GMC patient questionnaires you have completed. The results have been illustrated in tables with associated benchmarks where applicable. Please see the important notes regarding how the benchmarks were generated. Supporting documents have been provided to help you in the interpretation and understanding of your results.

Your survey resulted in the return of 36 patient questionnaires. Please note that in order to generate a full report with statistically reliable and meaningful results a minimum of 34 returned patient questionnaires is required. If less than this number was returned then you will receive an abbreviated report. In the eventuality that 5 or less patient questionnaires are returned no report will be issued.

In order to enable us to improve our services we would be grateful if you could complete a feedback form using the following link:

<http://www.cfepsurveys.co.uk/questionnaires/feedback/default.aspx?psid=186237>

Please contact the office on 01392 823766 or reports@cfepsurveys.co.uk if you require further information about your results.

I hope the report provides you with a basis for reflection and useful feedback for future appraisal.

Yours sincerely

CFEP UK Reports Team

Report Contents

Introduction

Patient Feedback

Patient demographics (table 1.1)	P1
Evaluation question ratings and scores	
Distribution and frequency of ratings (table 1.2)	P2
Mean percentage scores and benchmarks (table 1.3)	P3
Patient comments	P4

Supporting Documents

Details of score calculation

Explanation of quartiles

Reflection guide and review record

Sample patient questionnaire

GMC Feedback Report: Introduction

The GMC patient and colleague questionnaires were designed to help you gain an insight into how your professional behaviour and practice are viewed by your patients and colleagues. Multi source feedback has been found to be a useful way to assess doctor's performance and is valuable to support appraisal and to help prepare for revalidation.

This report outlines the information that has been collected and analysed from a sample of your patients in the form of a series of tables. Full explanation on how to interpret this information can be found in the report and benchmarks are provided where applicable. We hope that this report will offer you clear guidance for your professional development.

Benchmarks

Benchmarks are provided in the report to give you a sense of how you are performing in relation to other doctors who have completed the GMC surveys. They are not intended to imply any 'minimum standard' that doctors are expected to achieve. In addition, the benchmark data relate to doctors working in a variety of clinical settings and may not be totally representative of your personal situation.

Your feedback

From the report you will be able to clearly pinpoint areas where you scored well and also those areas where you may feel that improvements may be needed. However, it is advisable to take time to assimilate all the feedback and to avoid scanning the report and noting specific scores on which too much emphasis can be placed. The 'reflection guide and review record' may help with this.

Support for reflection

A 'reflection guide and review record' document has been incorporated into the report. This provides a few suggestions as to what to look at in your report and space to write a few notes. This has been designed to make your report more relevant to appraisal and enable you to present it as part of your portfolio evidence if desired.

Use of data from your report

The data in your report will be held in accordance with the requirements of the Data Protection Act. Your anonymised data will be aggregated with data from all other participating doctors, and may be used in the generation of national performance benchmarks and contribute to scientific literature.

In most circumstances, the feedback report is entirely confidential and would not be shared with anyone else unless specifically requested by the named professional on the report or without their prior knowledge. The main exceptions to this would be:

- Where a specific request has been made by the named professional that their supporting medical colleague (SMC) is to receive a copy of the report.
- Where there is a pre designated arrangement with the named professional's organisation/commissioner/appraisal system, or similar, for them to receive a copy of the report (of which the named professional should have been notified by the relevant body prior to survey).

However, in addition to this, in the unlikely event where instances of potential professional misconduct or significantly low scores have been identified or where patient safety may be affected, the feedback will be referred to our Survey Director and the professional's overarching employer/contracting organisation may be contacted and results disclosed as appropriate (information to this extent is provided in the guidelines on our online portal, acceptance of which was acknowledged during the initial stages of the survey process).

Patient Feedback

Your patient demographics

Your patient feedback is based on responses from 36 patients with the following characteristics:

Table 1.1: Gender

Female	22	61%
Male	14	39%
Not reported	0	0%

Age

21-40	9	25%
41-60	15	42%
Over 60	12	33%
Not reported	0	0%

Number and percentage of responses by question (percentage of responses may not add up to 100% due to rounding).

Evaluation question ratings and scores

Table 1.2: Distribution and frequency of ratings (Q4 - Q8)

	Poor	Less than satisfactory	Satisfactory	Good	Very good	Does not apply	Blank /spoilt
Q4a Being polite	0	0	0	0	36	0	0
Q4b Making you feel at ease	0	0	0	0	36	0	0
Q4c Listening to you	0	0	0	0	36	0	0
Q4d Assessing your medical condition	0	0	0	0	36	0	0
Q4e Explaining your condition and treatment	0	0	0	0	36	0	0
Q4f Involving you in decisions about your treatment	0	0	0	0	34	2	0
Q4g Providing or arranging treatment for you	0	0	0	0	33	3	0

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Does not apply	Blank/spoilt
Q5a Confidentiality of information	0	0	0	0	36	0	0
Q5b Doctor is honest and trustworthy	0	0	0	0	36	0	0

	Yes	No	Blank
Q6 I am confident about this doctor's ability to provide care	36	0	0
Q7 I would be completely happy to see this doctor again	36	0	0

Blank, spoilt and 'does not apply' responses are not included in the score calculation as presented in table 1.3

Evaluation question ratings and scores

Table 1.3: Mean percentage scores and benchmarks (Q4,Q5)

	Your mean score (%)	Benchmark data (%) *				
		Min	Lower quartile	Median	Upper quartile	Max
Q4a Being polite	100	79	97	99	99	100
Q4b Making you feel at ease	100	77	96	98	99	100
Q4c Listening to you	100	77	96	97	99	100
Q4d Assessing your medical condition	100	79	96	98	99	100
Q4e Explaining your condition and treatment	100	77	95	97	99	100
Q4f Involving you in decisions	100	76	94	97	98	100
Q4g Providing or arranging treatment for you	100	73	95	98	99	100
Q5a Confidentiality of information	100	73	89	92	94	100
Q5b Doctor is honest and trustworthy	100	73	91	94	96	100

*Benchmarks are based on data from 503 surveys completed by doctors working in Secondary Care between September 2008 and December 2013 with 34 or more returned questionnaires.

- if less than 5 responses for the question, scores are not provided. Please note the reliability of your patient feedback will be reduced if less than 34 patient responses for any question is achieved.

See score explanation for percentage score calculation and quartile information

Important notes about this benchmark data

- Benchmarks are provided in the report to give you a sense of how you are performing in relation to other doctors who have completed the GMC surveys. They are not intended to imply any 'minimum standard' that doctors are expected to achieve.
- The benchmark data relate to doctors working in a variety of clinical settings and may not be totally representative of your personal situation.

Patient comments

From the free text component of the questionnaire

All comments have been included in their entirety but details which could identify a specific practitioner, practice or patient have been removed to ensure anonymity.

Please add any other comments you want to make about this doctor

- Very polite and made me feel very at ease about my problem. Very happy.
- This is my first visit to Prof Branley. I am 100% satisfy to choose the consultant. He has good enough patience to understand and listen his patient's problem. He helps me to summarise my problems from the past 2 years. Although I haven't got any reports with me, rather I haven't received from my previous chest physician, after talking he collected more than enough information from me and was able to collect all reports from the hospital. He hear my problem calmly and I am satisfy to continue with this consultant as a chest physician.
- He is an excellent Prof (doctor).
- I have been very happy with the advice.
- I find Mr Branley extremely caring and he clearly knows his stuff - I felt confident in his care.
- I suffered a severe case of asthma and Dr Branley professionally and efficiently brought me back to health.
- Great experience with the additional benefit of multilingual knowledge.
- Easy to talk to, good listener and provided useful information on my next steps.
- Just feeling good with him.
- This doctor has provided me with excellent care, advice and treatment.
- Doctor listened with patience and provided explanations and options.
- I wish the best for this doctor who is really very promising.
- Very thorough - very good at explaining my problem.
- Most pleasant and patient.
- I was very impressed by the way I was received and the explanations about my condition and what the future holds for me.
- Thorough, sympathetic, and clear in his approach towards the patient. Excellent experience.
- First class service.

Supporting Documents

GMC Supporting Documents

Scoring explanation

Details of score calculation

The score provided for each question in this questionnaire is the mean (average) value of all of the ratings from all patients who completed the question. It is expressed as a percentage - so the best possible score is 100%.

Non-rated responses (does not apply, don't know, blank or spoilt) are not used in the score calculations.

Example using data from your Q4a Being polite

Total number of patients responses = 36

Questionnaire rating scale	Poor	Less than satisfactory	Satisfactory	Good	Very good	Non-rated response
Number of ratings	0	0	0	0	36	0

Value assigned to each rating	0	25	50	75	100	n/a

$(\text{number of Poor ratings} \times 0) + (\text{number of Less than satisfactory ratings} \times 25) + (\text{number of Satisfactory ratings} \times 50) + (\text{number of Good ratings} \times 75) + (\text{number of Very good ratings} \times 100)$

$(\text{Total number of patient responses} - \text{number of 'non-rated responses'})$

$$(0 \times 0) + (0 \times 25) + (0 \times 50) + (0 \times 75) + (36 \times 100)$$

$$(36 - 0)$$

$$= 3,600/36$$

Your mean percentage score for Q4a = 100%

Explanation of quartiles

In statistics a quartile is any one of the three values that divide data into four equal parts, each part represents ¼ of the sampled population.

Quartiles comprise:

Lower quartile, below which lies the lowest 25% of the data

The median, cuts the data set in half

Upper quartile, above which lies the top 25% of the data

Please note that the benchmarks presented in this report are based on data obtained from a volunteer sample of doctors, and as such may be artificially high.

Question	Your mean score (%)
Q4a Being polite	100

Benchmark data (%)*				
Min	Lower quartile	Median	Upper quartile	Max
79	97	99	99	100

*Benchmarks are based on data from 503 surveys completed by doctors working in Secondary Care between September 2008 and December 2013 with 34 or more returned questionnaires.

Reflection guide and review record

Listed below are a few suggestions as to what to look for in your report and what actions, if any, you may think worthwhile to take as a result of your patient feedback.

1. Please look at Tables 1.2 and 1.3 (patient feedback). It is important to look at the spread of the ratings and not just scores achieved. One or two higher or lower ratings for any one question may affect your scores considerably.

In which areas did you perform well?

--

Are there any areas which you feel may benefit from further development?

--	--

2. Please look at your patient comments

Which comments are you most happy with?

--

Which comments are you least happy with?

--

Are there any recurrent themes in the patient comments? Do they tie up with achieved scores?

--

Reflection guide and review record

3. Planning for the future - having reflected on all the feedback

What do you feel are your areas of greatest strength? What concrete things can you do to build on these? Do you need any resources for this?

What do you feel are your areas of least strength? What concrete things can you do to develop these? Do you need any resources for this?

4. Can you identify any goals from this reflection? (It may be helpful to categorise both positive and negative issues raised into 'keep doing', 'start/do more', 'stop/do less' and 'consider' categories).

1.

2.

3.

4.

Patient questionnaire for

You can help improve the quality of care for patients

- The answers you give may be used to improve healthcare in the future.
- The doctor will not see your individual answers, so please be honest.
- Any information we give back to the doctor will be based on the answers from everyone taking part. No one will be named.
- Please do not write your name on this questionnaire.

Please base your answers only on the consultation you have had today.

Please mark the box like this with a blue or black ball-point pen. If you change your mind just cross out your old response and make your new choice.

1 Are you filling in this questionnaire for:

- Yourself
 Your child
 Your spouse or partner
 Another relative or friend

If you are filling this in for someone else, please answer the following questions from the **patient's** point of view.

2 Which of the following best describes the reason you saw the doctor today? (Please tick all the boxes that apply)

- To ask for advice
 Because of an ongoing problem
 For treatment (including prescriptions)
 Because of a one-off problem
- For a routine check
 Other (please give details)

3 On a scale of 1 to 5, how important to your health and wellbeing was your reason for visiting the doctor today?

- Not very important

 Very important
- 1 2 3 4 5

4 How good was your doctor today at each of the following? (Please tick one box in each line)

	Poor	Less than satisfactory	Satisfactory	Good	Very good	Does not apply
a Being polite	<input type="checkbox"/>					
b Making you feel at ease	<input type="checkbox"/>					
c Listening to you	<input type="checkbox"/>					
d Assessing your medical condition	<input type="checkbox"/>					
e Explaining your condition and treatment	<input type="checkbox"/>					
f Involving you in decisions about your treatment	<input type="checkbox"/>					
g Providing or arranging treatment for you	<input type="checkbox"/>					

5		Please decide how strongly you agree or disagree with the following statements by ticking <u>one</u> box in each line.					
		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Does not apply
a	This doctor will keep information about me confidential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	This doctor is honest and trustworthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6	I am confident about this doctor's ability to provide care	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
---	--	--------------------------	-----	--------------------------	----

7	I would be completely happy to see this doctor again	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
---	--	--------------------------	-----	--------------------------	----

8	Was this visit with your usual doctor?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
---	--	--------------------------	-----	--------------------------	----

9	Please add any other comments you want to make about this doctor. Please note: No patients will be identified when this information is given to the doctor.				
---	---	--	--	--	--

SAMPLE ONLY
PLEASE DO NOT COPY

The next questions will give us some basic information about you, which is part of the survey. We will not use your answers to identify you. If you are filling this in on behalf of a child or a patient with a disability, please provide details about the patient.

10	Are you:	<input type="checkbox"/>	Female	<input type="checkbox"/>	Male
----	----------	--------------------------	--------	--------------------------	------

11	Age:	<input type="checkbox"/>	Under 15	<input type="checkbox"/>	15 to 20	<input type="checkbox"/>	21 to 40	<input type="checkbox"/>	41 to 60	<input type="checkbox"/>	Over 60
----	------	--------------------------	----------	--------------------------	----------	--------------------------	----------	--------------------------	----------	--------------------------	---------

12	What is your ethnic group? Please choose <u>one</u> section from A to E, and then tick the appropriate box to indicate your cultural background.								
A White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background Please write in <input type="text"/>		B Mixed <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other Mixed background Please write in <input type="text"/>		C Asian or Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background Please write in <input type="text"/>		D Black or Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background Please write in <input type="text"/>		E Chinese or other ethnic group <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Please write in <input type="text"/>	

Thank you for your time and help