

Report for Customer Satisfaction Survey

1. Response Counts

Completion Rate:

66.7%

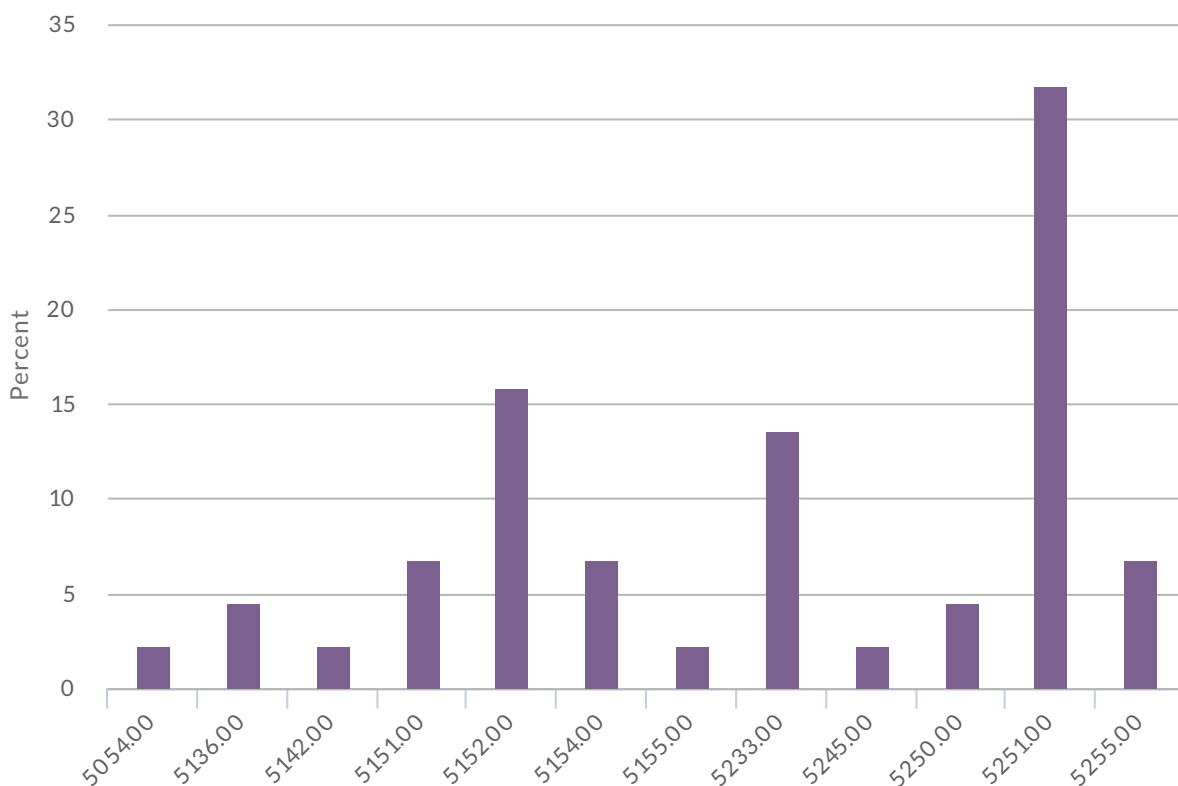


Complete 30

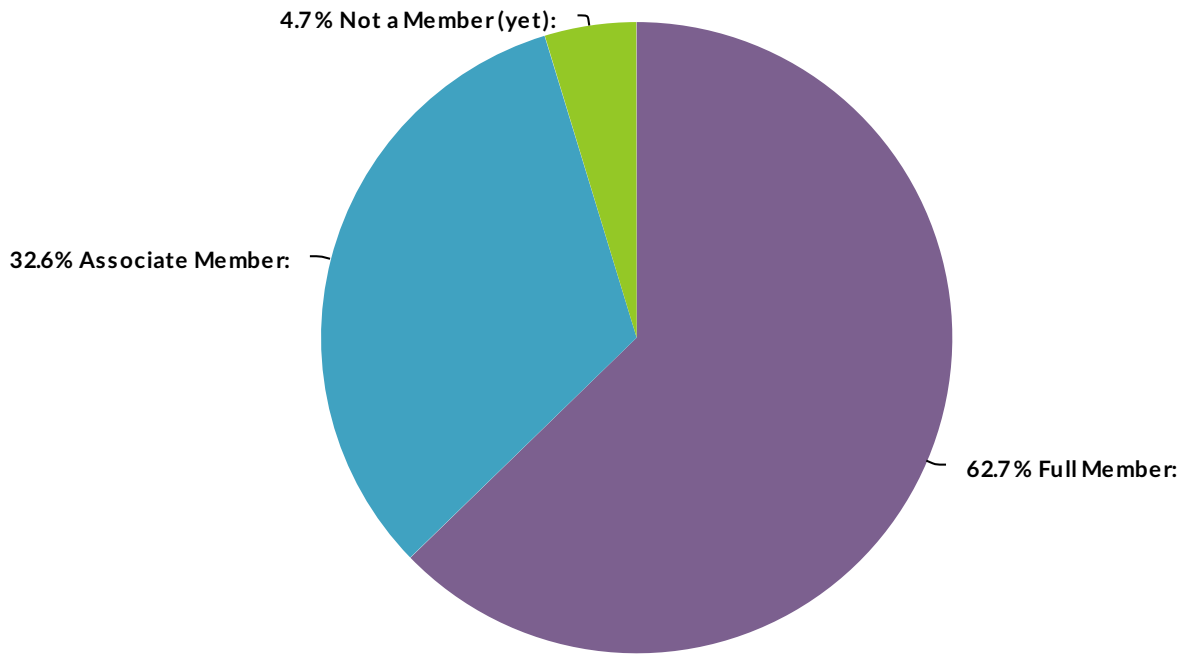
Partial 15

Total 45

2. What postcode is your primary Hills practice in?



3. Are you a Full Member (GP) or Associate Member (Practice Manager , Practice Nurse etc.)



| Value | Percent | Count |
|--------------------|---------|-----------|
| Full Member | 62.8% | 27 |
| Associate Member | 32.6% | 14 |
| Not a Member (yet) | 4.7% | 2 |
| Total | | 43 |

4. Looking to the next 5 years, what do you think will be the top 3 challenges for general practice in this region? Please list in order of priority.

Issue 1

hours

barker access
ah

| Count | Response |
|-------|--|
| 1 | After hours service at MtBarker |
| 1 | Aging Population |
| 1 | Bulk billing and affordability/sustainability of general practice |
| 1 | Corporatisation |
| 1 | Diabetes |
| 1 | Fee structure/remuneration |
| 1 | Financial viability |
| 1 | Finding Gp's |
| 1 | Freeze on medicare |
| 1 | Funding |
| 1 | Funding-Medicare |
| 1 | Increased demand for overnight /out of hours services |
| 1 | Increased population |
| 1 | Keeping up with service demand in a growing community |
| 1 | Maintaining financial stability in the light of the Medicare rebate freeze |
| 1 | Maintaining funding and income |
| 1 | Medicare rebate freeze-affordable health care |
| 1 | Mental Health |
| 1 | Mental health |
| 1 | Ongoing oncall |
| 1 | Preventative Care |
| 1 | Provide AH care for all patients |

| Count | Response |
|-------|--|
| 1 | Providing Affordable health care (increasing costs) |
| 1 | ability to remain profitable with medicare freeze and high bulkbilling rates |
| 1 | after hour services |
| 1 | aging population |
| 1 | financial squeeze |
| 1 | financial sustainability of GP clinics |
| 1 | maintaining financial viability |
| 1 | mental health |
| 1 | overnight medical care access |
| 1 | remuneration |
| 1 | workforce |

Issue 2

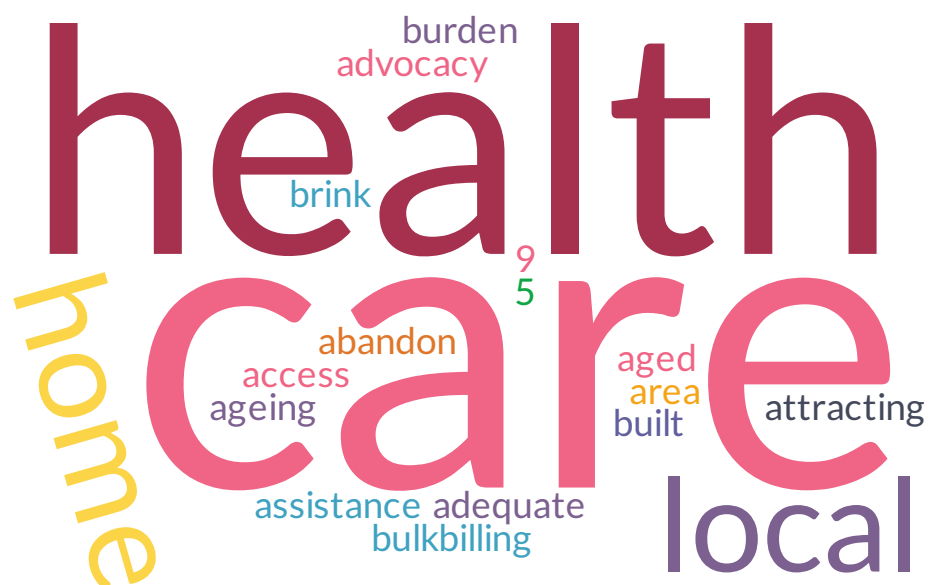


| Count | Response |
|-------|--|
| 2 | A/H service |
| 1 | Access to psychiatric services outside of the state system |
| 1 | Adopting health care home now we are a pilot region |

| Count | Response |
|-------|---|
| 1 | After hours at Mt barker hospital |
| 1 | Agining in place/limited RACF beds |
| 1 | Assimilation with hospital |
| 1 | Attract local and well qualified GPs |
| 1 | Coping with local health service cuts |
| 1 | Emergency services at mt barker hospital |
| 1 | Finding additional funding streams . See above |
| 1 | Fragmentation of care |
| 1 | Funding |
| 1 | Funding and support for staff-Afterhours |
| 1 | Increasing costs for patients |
| 1 | Increasing population with no hospital services after hours |
| 1 | Mental Health |
| 1 | Obesity related diseases |
| 1 | Private Billing v's Bulk Bill Practices |
| 1 | Providing sufficient after hours cover |
| 1 | Recruiting of doctors |
| 1 | Satisfactory hospital admitting privileges/bed demand conflict with metro hospitals |
| 1 | Staff training / networking opportunities |
| 1 | adapting to the changing population demographics |
| 1 | after hours |
| 1 | after hours workload and roster |
| 1 | financial viable business |
| 1 | increasing non-aligned admissions to the hospital |
| 1 | increasing patient numbers |
| 1 | out of hours /emergency service |

| Count | Response |
|-------|---|
| 1 | providing good service within price constraints |
| 1 | succession planning |
| 1 | winter escalation and getting patients in our hospital not known to us or the local area and servicing that |

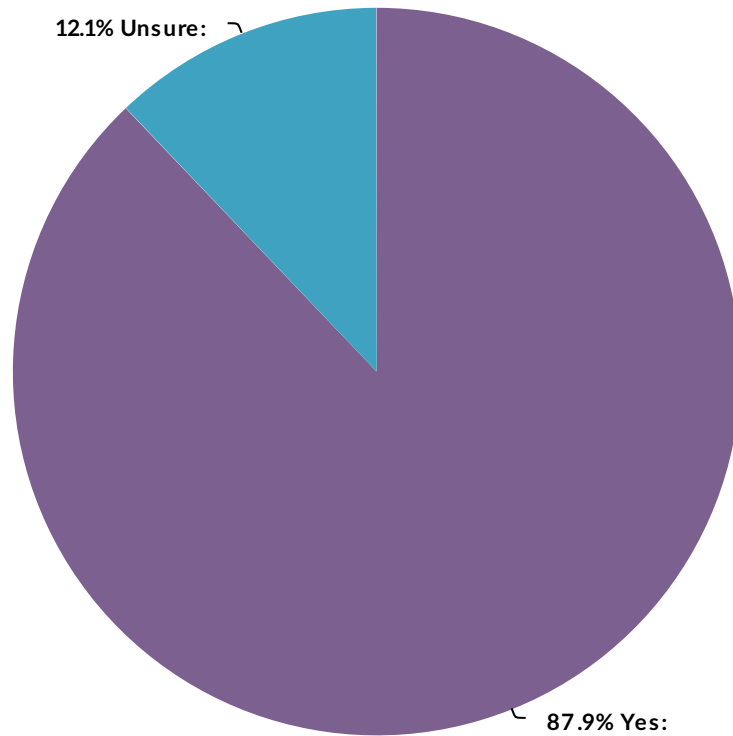
Issue 3



| Count | Response |
|-------|--|
| 1 | Access to specialist services |
| 1 | Advocacy |
| 1 | After hours care |
| 1 | Ageing population |
| 1 | Chronic disease burden in the community |
| 1 | Competing Superclinics being built in the area |
| 1 | Increasing public waiting list times |
| 1 | Lack of GPs doing home visits, aged care and palliative care |
| 1 | Local health care |
| 1 | Maintaining "local" specialists for our patients |
| 1 | Medicare freeze and need to abandon bulkbilling |

| Count | Response |
|-------|--|
| 1 | Mental Health |
| 1 | Mental health |
| 1 | New RAH |
| 1 | Practice expenses |
| 1 | Provision of adequate mental health services |
| 1 | Replacement of workforce and attracting new GPs as lots of us are on the brink of retirement |
| 1 | Responding to calls for outcome data |
| 1 | Retaining gps |
| 1 | Rolling out Govt changes without resources & training |
| 1 | Workforce |
| 1 | finances both ours and patients |
| 1 | financial reward reducing |
| 1 | home assistance/home care |
| 1 | increasing emergency presentations to the hospital |
| 1 | increasingly diverse patient needs |
| 1 | offer care outside 9-5 |
| 1 | rebates |
| 1 | workforce issues |

5. Do you believe there is a role for Summit Health in supporting and advocating on your identified challenges as well as other local GP / community health issues?



| Value | Percent | Count |
|--------|---------|-------|
| Yes | 87.9% | 29 |
| Unsure | 12.1% | 4 |
| Total | | 33 |

6. Given that you see a role for Summit Health in supporting and advocating on your identified issues and other community matters, please rate the following services that we currently offer in your preferred order of priority (drag and drop with the top item being your highest preference).

| Overall Rank | Item | Rank Distribution | Score | Total Respondents |
|--------------|---|-------------------|-------|-------------------|
| 1 | Providing LOCAL mental health service access to your patients | | 193 | 29 |
| 2 | CPD for GPs, PMs and PNs | | 154 | 29 |
| 3 | Advocacy on local issues | | 151 | 29 |
| 4 | Providing your patients with access to more LOCAL specialist medical providers | | 146 | 29 |
| 5 | Providing your patients with access to more LOCAL allied health services | | 137 | 29 |
| 6 | Collegiate (informal) networking opportunities | | 107 | 29 |
| 7 | Working with Stirling Hospital to broaden patient access to local hospital care | | 101 | 29 |
| 8 | Fee-for-service practice support e.g. 75+ Health Assessments | | 55 | 29 |

Lowest Rank Highest Rank

7. Given you answered NO to the previous question, can you please provide more information as to why you feel this to be the case and if you see some other role for Summit Health?

No data: No responses found for this question.

| Count | Response |
|-------|----------|
|-------|----------|

8. What do you like most about Summit Health?.

accessibility
accessible
allied
approachable
support

Word cloud containing terms: awareness, availability, large, gp, brings, staff, built, central, building, adequite, people, care, service, hours, health.

| Count | Response |
|-------|--|
| 1 | Adequate after hours service, facilities |
| 1 | Allied health |
| 1 | An impartial "central" GP coordination service |
| 1 | Brings overall health service together |
| 1 | Friendly and accessible staff |
| 1 | GP solution focussed organisation |
| 1 | GPCARE esp after hours |
| 1 | I know the people I am talking to, awareness of local issues |
| 1 | Knowing the people involved - local services managed locally |
| 1 | Large purpose built modern facility, convenient to hospital |
| 1 | Local provision of allied health services |
| 1 | Local voice for the community |
| 1 | Mental Health Services |
| 1 | Mental health |
| 1 | Nice building. (I don't really have anything to do with it) |
| 1 | Not currently a member |
| 1 | Provides a good focal point for local GPs. |
| 1 | Services provided to the community |
| 1 | The focus on the Adelaide Hills Region |

| Count | Response |
|-------|--|
| 1 | The facade |
| 1 | The support with after hours care |
| 1 | Their availability and help when needed |
| 1 | They do their best to help you |
| 1 | Well established rapport with long standing enthusiastic Summit Health Staff |
| 1 | Well organised. |
| 1 | accessibility |
| 1 | after hours support |
| 1 | approachable |
| 1 | mental health care |
| 1 | networking opportunities,CPD |
| 1 | new, large, vario us medical and mental health available |
| 1 | staff |
| 1 | the after-hours care provided |

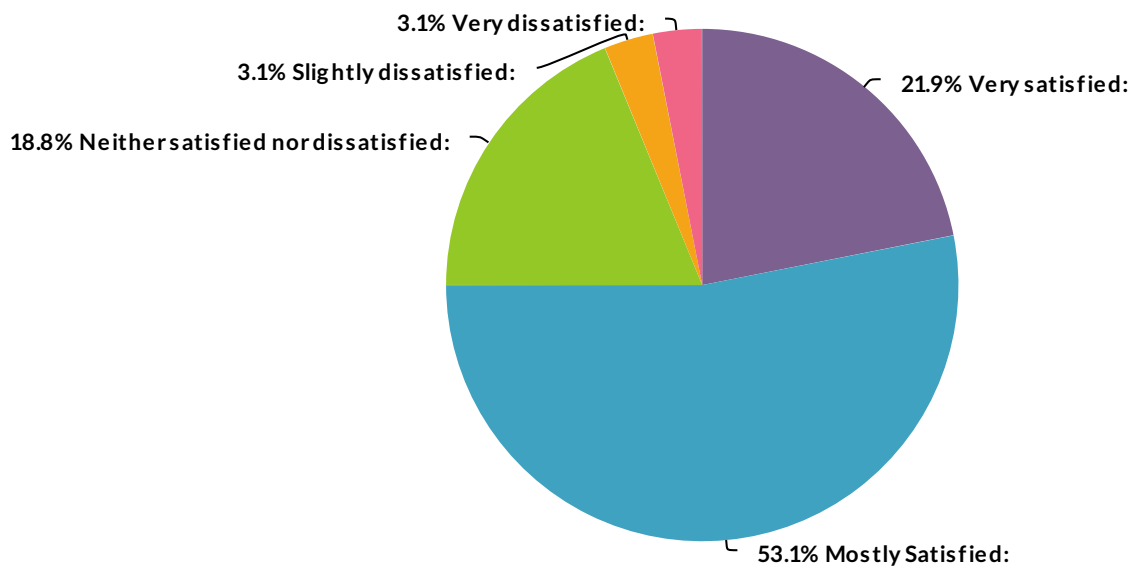
9. What do you like least about Summit Health?



| Count | Response |
|-------|---|
| 2 | ? |
| 2 | Not sure |
| 1 | ? Over large administrative beaurocracy |
| 1 | Confusion with other services |
| 1 | Don't have a least like |
| 1 | GP practice at summit health in direct competition with local established practices |
| 1 | Happy with Summit Health - no complaints |
| 1 | Its poorly funded |
| 1 | Lack of CPD events |
| 1 | Long waiting times on meh programs |
| 1 | More collegiality would help. |
| 1 | N/A |
| 1 | Nil |
| 1 | Not applicable |
| 1 | Provide minimal training/ meetings anymore |
| 1 | Quite a long way from our practice |
| 1 | Reduced access to education for practice staff in the region |
| 1 | Reluctance to provide a true after hours emergency service at Mt Barker Hospital |
| 1 | To Mt Barker-centric |
| 1 | Triage of mental health clients seems to be out of GPs hands |
| 1 | lack of support from when SH was a Division of General Practice |
| 1 | nil |
| 1 | nil obvious |
| 1 | not close to ourv practice/patient population |
| 1 | nothing i can think of |
| 1 | staff turn over |

| Count | Response |
|-------|--|
| 1 | that it seems to concentrate more on Mt Barker than Stirling |
| 1 | the disconnect I feel with our PHN - Summit Health should be leading the PHN |
| 1 | their own unknowns ie will mental health funds always be there |
| 1 | there is nothing that I dislike |

10. Given your current level of awareness / involvement with Summit Health, how satisfied are you with the services we provide?



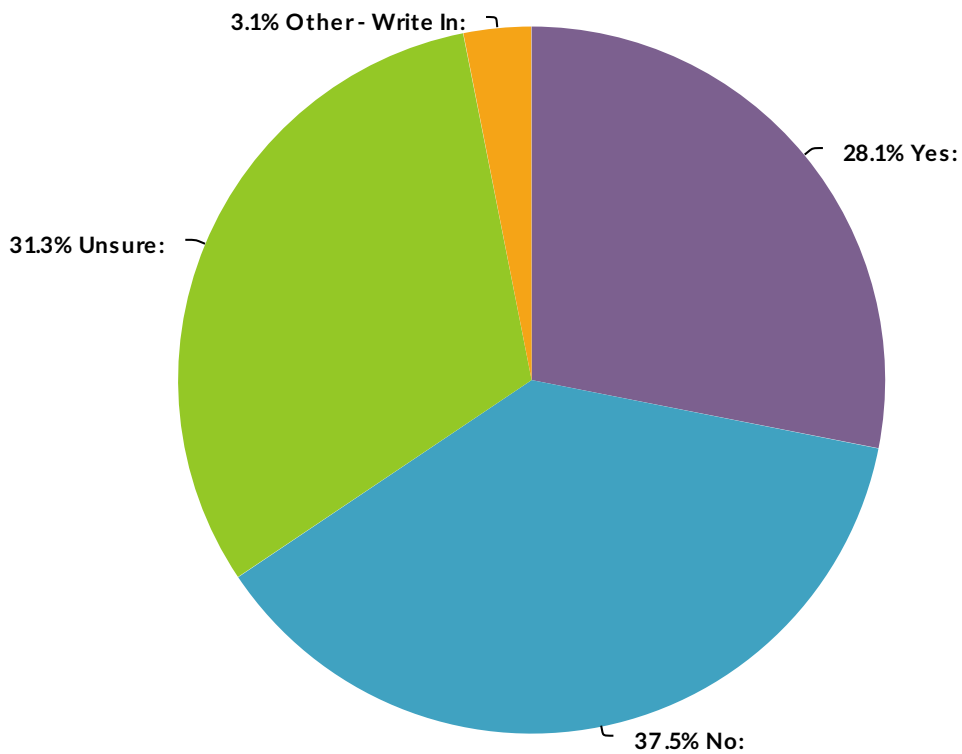
| Value | Percent | | Count |
|------------------------------------|---------|--|-----------|
| Very satisfied | 21.9% | | 7 |
| Mostly Satisfied | 53.1% | | 17 |
| Neither satisfied nor dissatisfied | 18.8% | | 6 |
| Slightly dissatisfied | 3.1% | | 1 |
| Very dissatisfied | 3.1% | | 1 |
| Total | | | 32 |

11. Given that you indicated a level of dissatisfaction, can you please provide a bit more information on why you feel this way?



| Count | Response |
|-------|---|
| 1 | I bulk-bill, the mental health worker does not |
| 1 | Lack of after hours service at Mt Barker flows increases workload at Strathalbyn, ambulances will frequently bring patients to Strathalbyn after 10pm from Mt Barker as the hospital is "shut". |

12. Given the changes to modern general practice (practice team, non-GP ownership etc.), should Full Membership of Summit Health be broadened to include non-GPs? (Full membership includes the right to vote and appoint the Board at an AGM)



| Value | Percent | Count |
|------------------|---------|-----------|
| Yes | 28.1% | 9 |
| No | 37.5% | 12 |
| Unsure | 31.3% | 10 |
| Other - Write In | 3.1% | 1 |
| Total | | 32 |

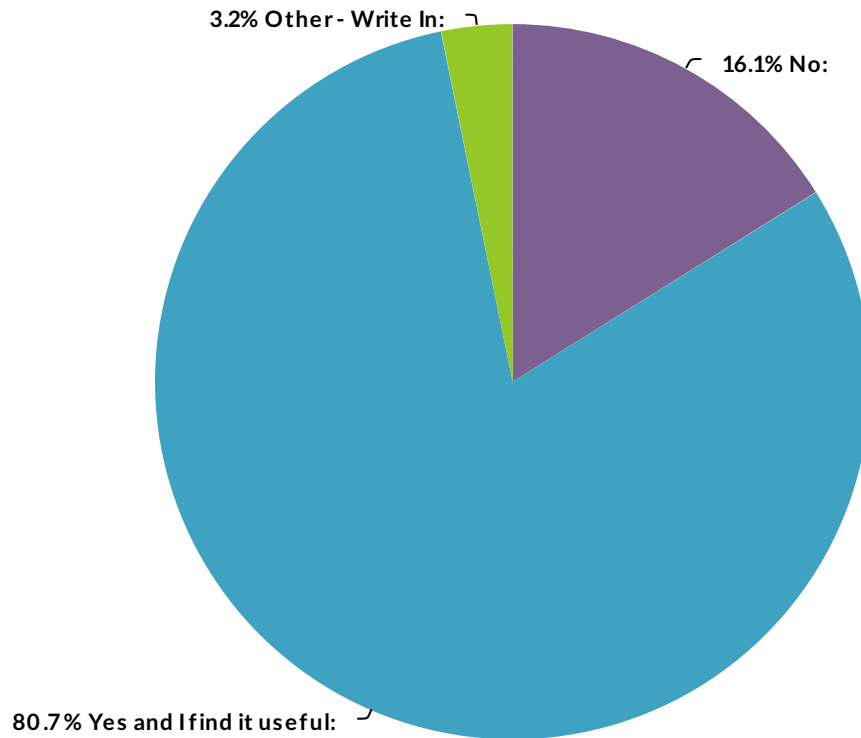
| Other - Write In | Count |
|------------------|----------|
| a possibility | 1 |
| Total | 1 |

13. Given that you indicated Yes to a broadened membership, can you indicate which groups / individuals should be included?



| Count | Response |
|-------|---|
| 1 | GP Business Owners |
| 1 | Non-GP ownership |
| 1 | Nurses |
| 1 | Practice Manager/Office Masnagers |
| 1 | Practice Managers |
| 1 | Practice Managers / Snr Administration Officers |
| 1 | Practice Managers and nurses, allied health professionals |
| 1 | Practice Nurses and Practice Managers |
| 1 | Practice owners managers and nurses |

14. Are you aware of our fortnightly e-Update that is circulated on a fortnightly basis?



| Value | Percent | Count |
|--------------------------|---------|-----------|
| No | 16.1% | 5 |
| Yes and I find it useful | 80.6% | 25 |
| Other - Write In | 3.2% | 1 |
| Total | | 31 |

| Other - Write In | Count |
|--|----------|
| Yes. The most useful content relates to CPD activity notification. | 1 |
| Total | 1 |

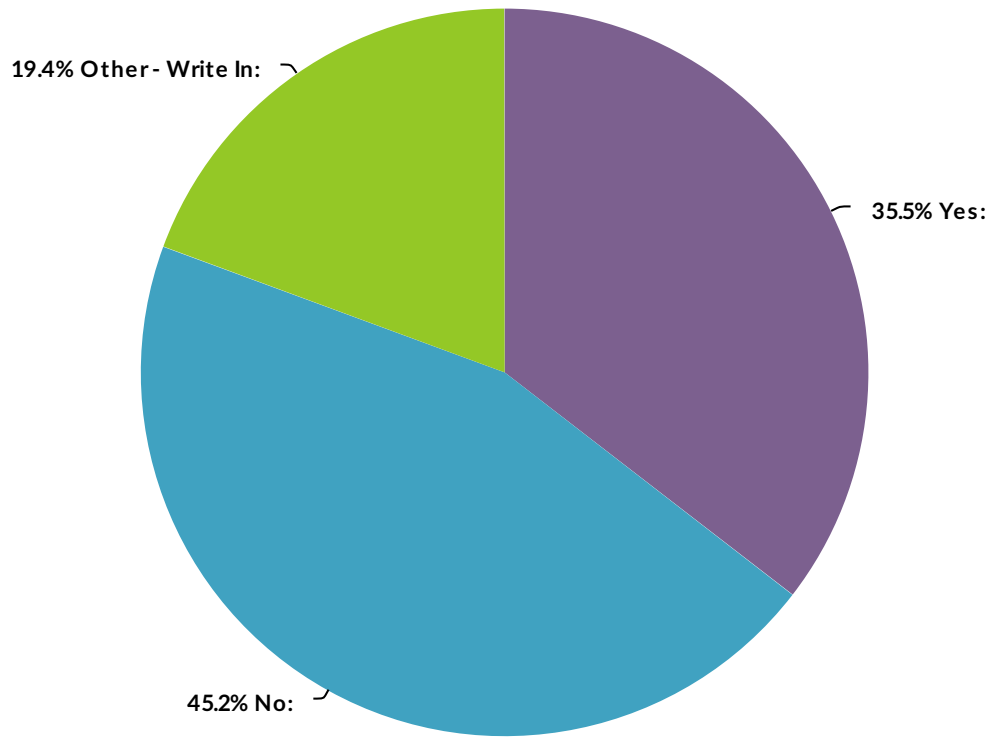
15. Given you indicated that you did not find the e-update informative, what would give the content more value to you?

No data: No responses found for this question.

Count

Response

16. Would you be prepared to pay an annual membership fee of approximately \$200 if it was used to only fund tangible services e.g. CPD events, local dinner / lunch networking opportunities?



| Value | Percent | Count |
|------------------|---------|-------|
| Yes | 35.5% | 11 |
| No | 45.2% | 14 |
| Other - Write In | 19.4% | 6 |
| Total | | 31 |

| Other - Write In | Count |
|--|-------|
| ? Practice or Individual membership? | 1 |
| Less than \$200 | 1 |
| Non sure. | 1 |
| depending on services provided to practice staff | 1 |
| no with all the other fees/insurance i have to pay a \$200fee would stop me using this as it would be lower on my needs of musts | 1 |
| not sure | 1 |
| Total | 6 |

17. Some of Adelaide's leading surgeons choose to work at Stirling Hospital. How can Summit Health, Stirling Hospital or their surgeons assist you in increasing referrals to the hospital and its surgeons in support of our community and minimising the patient journey?



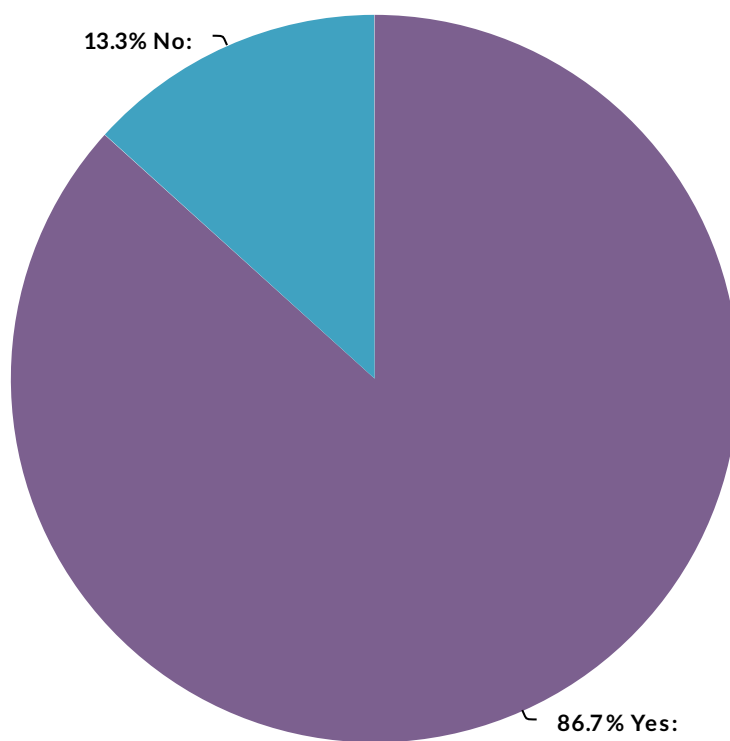
| Count | Response |
|-------|---|
| 1 | All new Drs coming to practise in the Hills should visit SH. |
| 1 | All new Drs, Registrars to visit the Hospital and see the facilities offered. |
| 1 | Costs are always a factor - its something we hear often |

| Count | Response |
|-------|--|
| 1 | E news to keep reminding us of them |
| 1 | I Already refer to them |
| 1 | I refer as much as possible |
| 1 | Increase operating theatre or surgical services |
| 1 | Knowing who operates and consults there. Knowing what these specialists do and their areas of expertise. Knowing waiting lists for appointments and surgeries |
| 1 | Let Practices know who visits/consults at Mt Barker via e-newsletter-it is very handy when these have been discussed in the e-newsletter |
| 1 | Local GP's were able to admit and look after medical patients at the Stirling Hospital. This created a sense of ownership (our local community hospital). Understand the financial implications but that community sense has been lost. Perhaps the surgeons could hold information or education evenings at the hospital. Maybe the involvement of the referring doctor in assisting and aftercare would help. |
| 1 | Maintain an up to date list of services through Stirling Hospital, ensure that each practice has the latest information and that the referral pathways are clear for each specialist. |
| 1 | Many of our patients already use this service, but maintaining an up to date list of surgeons/specialists that visit the local hospitals both online and hard copy is very important |
| 1 | More information |
| 1 | More surgeries being performed at the Stirling Hospital |
| 1 | Promote themselves and hospital more within the community |
| 1 | Promoting private health insurance |
| 1 | Provide similar services at other country hospitals |
| 1 | Providing up to date lists |
| 1 | Regularly inform registrars and new doctors about who is working in Stirling and publishing their gaps |
| 1 | Support local education events |
| 1 | The issue for GPs is getting our medical patients admitted . The hospital has a very strong bias towards elective surgery, to the detriment of medical patients , the elderly, and even palliative care. The hospital no longer services the community as it should. |
| 1 | When a new surgeon came to SDH in the last couple of years ,there was no office space given to his receptionist, patients had to be received in the corridor, other receptionists didn't seem to remember that this new surgeon was actually working at the hospital. Very poor .It was an embarrassment. |
| 1 | awareness of fees/gaps and costs for non insured |

Count Response

| | |
|---|--|
| 1 | come and meet the doctors, offer over the phone advice and support |
| 1 | keep publishing list of specialists |
| 1 | surgery visits by the specialist (eg lunches) |
| 1 | up to date brochure with surgeons names and areas of interest, consulting days |
| 1 | update of who is there _often changes.also rough idea of fees. a\$150gap just for the first appointment is off putting to most of my patients. |

18. To the best of your knowledge, do your patients access the GPcare After Hours service?



| Value | Percent | Count |
|--------------|---------|-----------|
| Yes | 86.7% | 26 |
| No | 13.3% | 4 |
| Total | | 30 |

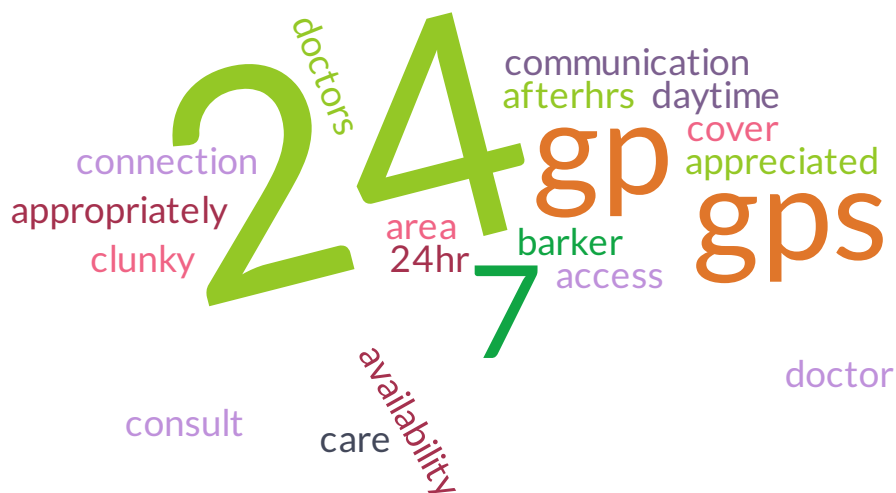
19. Based on your knowledge of GPcare After-Hours, what do you like about the service?



| Count | Response |
|-------|---|
| 2 | availability |
| 1 | Access to experienced GP |
| 1 | Accessible, affordable, accredited and high quality |
| 1 | Accessible reliable good service |
| 1 | After hours care |
| 1 | Attentive prompt service. |
| 1 | Availability and quality care |
| 1 | Consult notesn |
| 1 | It is available |
| 1 | Not much |
| 1 | Patients love the service |
| 1 | Providing some after hours service to the community |
| 1 | Seen quickly and affordably by quality staff |
| 1 | Summary of attendance sent to usual GP. |

| Count | Response |
|-------|---|
| 1 | The fact that it is a local service and communication back to the GP is prompt and informative. |
| 1 | Unsure |
| 1 | afterhours support for our practices |
| 1 | availability for patients in the area,with illness/injury concerns |
| 1 | avoids trips to Adelaide ED or low quality super clinics |
| 1 | based at hospital with nursing support |
| 1 | efficient and a good standard of medicine. |
| 1 | it exists. it follows up results. |
| 1 | patient care after 6:30pm |
| 1 | provides after hours without involvement of local GPs |
| 1 | the ongoing commitment to provide quality a/h healthcare |
| 1 | we have a 24hr ED we cover at our own hospital so haven't used it much. when i personally called it to help try and source medications for a patient i had it was very difficult to actually talk to someone (nurse/doctor/reception). this was about 9pm on saturday night so not late. ended up calling the maternity ward as they always answer. |
| 1 | well supported facility |

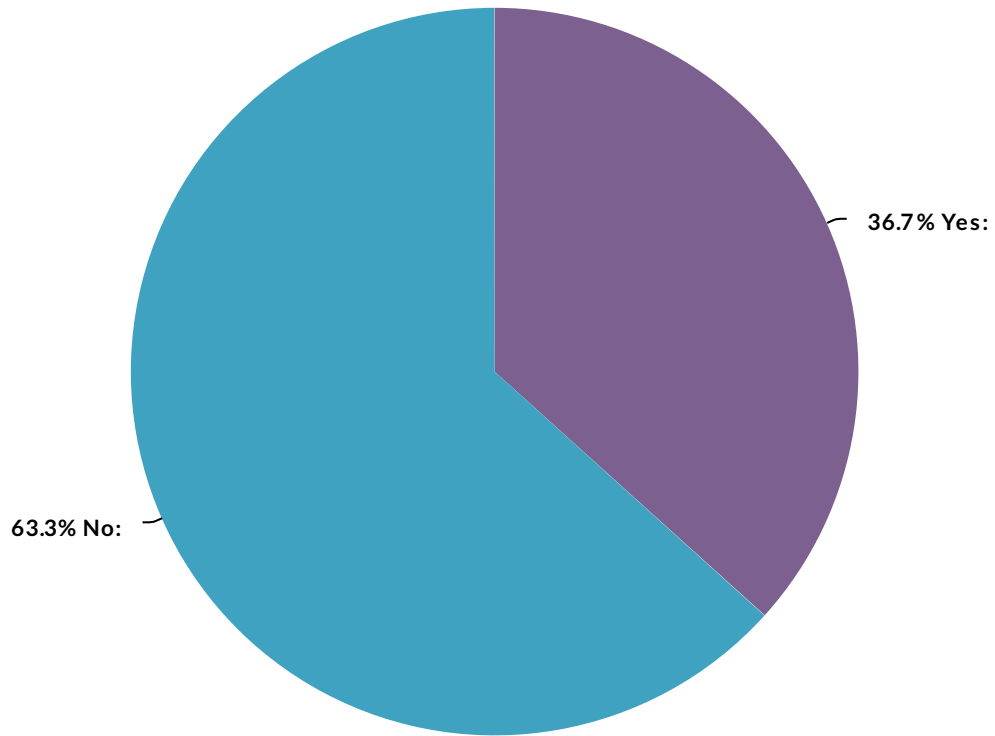
20. Based on your knowledge of GPcare After-Hours, what do you think should be changed?



hours

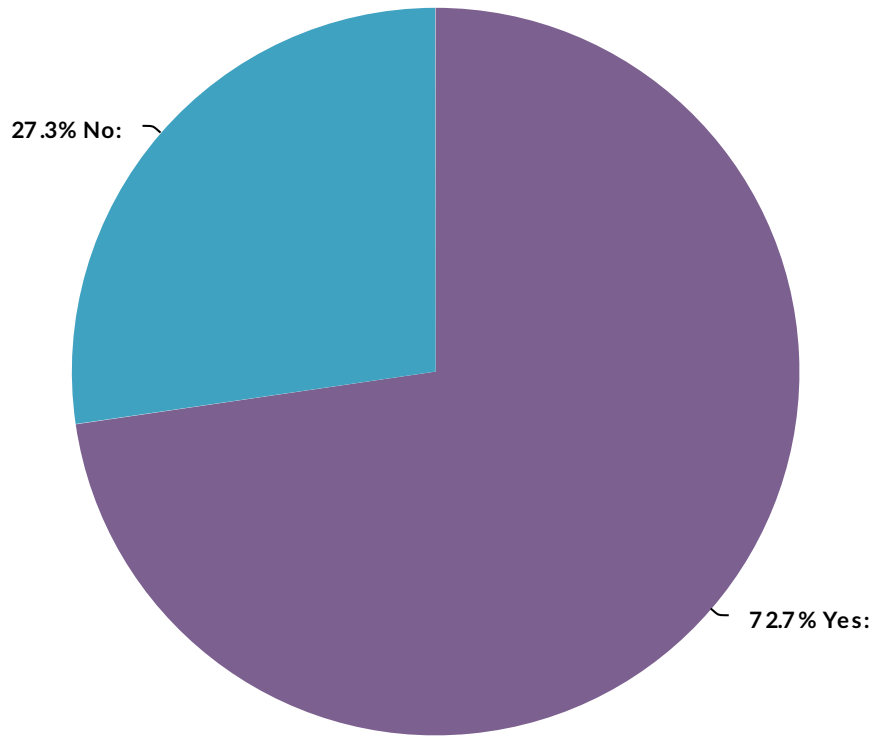
| Count | Response |
|-------|--|
| 2 | Unsure |
| 2 | unsure |
| 1 | 24/7 access to doctor at hospital |
| 1 | A permanent Medical Officer in the Hospital, so that the GPs at GPcare are not overburdened |
| 1 | Available all night |
| 1 | Better communication between GP care and patient's home practice. Improved after hours service at Mt Barker Hospital |
| 1 | Extend the service. |
| 1 | Extension of hours would always be appreciated but realise availability of doctors is always a problem. |
| 1 | Happy with the service provided |
| 1 | Make it 24 hr. Fund it appropriately. Don't overbook daytime on weekends |
| 1 | More connection between number of patients seen and fee paid to GPs |
| 1 | Nothing |
| 1 | Still "clunky" at interface between Summit Health and hospital |
| 1 | better consult room in the hospital |
| 1 | better remuneration for drs |
| 1 | fees should be higher given the level of service provided |
| 1 | it should stay open longer |
| 1 | make it 24 hour service |
| 1 | needs to actually be a 24hr staffed ED to cover the growing area not an afterhrs GP |
| 1 | nil obvious |
| 1 | should operate 24/7 |

21. Do you have admitting rights to Mt Barker Hospital?



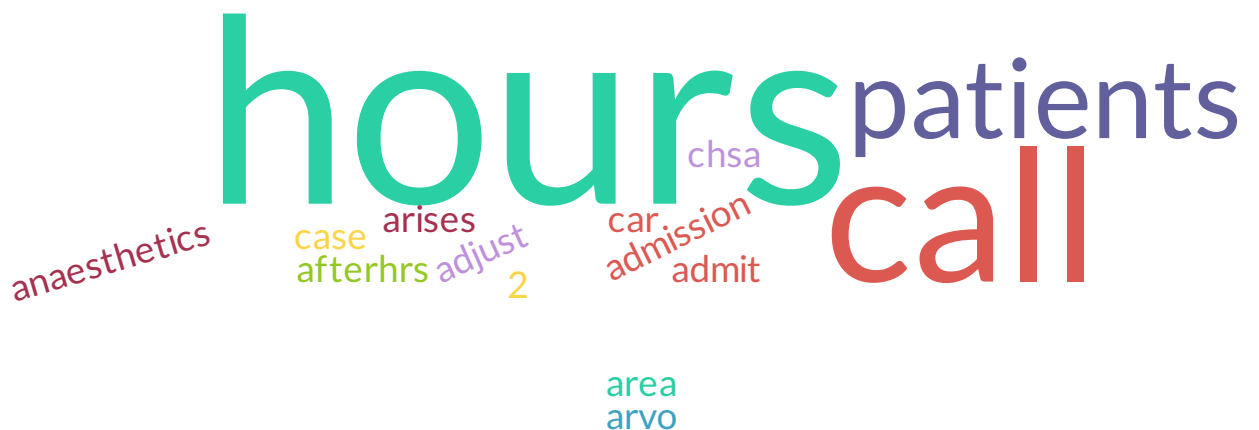
| Value | Percent | Count |
|--------------|---------|-----------|
| Yes | 36.7% | 11 |
| No | 63.3% | 19 |
| Total | | 30 |

22. Do you participate on any of the following rosters: GPcare After Hours on-call, Anaesthetics or Obstetrics?



| Value | Percent | Count |
|-------|---------|-------|
| Yes | 72.7% | 8 |
| No | 27.3% | 3 |
| Total | | 11 |

23. Do you have a view as to whether admitting rights to the hospital should be linked to participating on the after-hours, obstetric or anaesthetics on-call roster? If so please briefly indicate your views below.



| Count | Response |
|-------|--|
| 3 | no |
| 2 | No |
| 2 | should not be linked |
| 1 | I don't have an opinion. |
| 1 | I stopped having admitting rights when told I would have to be on call |
| 1 | I think admitting rights should be linked to doctors participating on the after-hours |
| 1 | I think that would make it harder for GP's to participate in the after hours roster |
| 1 | I thought it was already linked |
| 1 | No - I live too far away |
| 1 | No views |
| 1 | Should not be linked - precludes locums. |
| 1 | Unfortunately I am restricted from participating on the after-hours roster as my provider number is restricted to districts of workforce shortage, so I hope this will not be the case |
| 1 | Would help if rostered doctor had admitting rights when seeing a patient who needs admission. Problem then arises when the doctor doesn't live in the immediate area. Local GP would have to take over the ongoing care. |
| 1 | Yes I am surprised No after hour care in Mount Barker. |
| 1 | Yes should be a reward for service |
| 1 | Yes, you should do some on call, even a sat or sun arvo shift eg 2 per year |
| 1 | Yes. Admitting rights should be dependent on participation in the on call roster. This is a requirement as part of the current standard CHSA contract. |
| 1 | Yes. Although maybe not for anaesthetics. But obstetrics and emergency Drs would need admitting rights in order to admit patients. |
| 1 | separate issues - after hours should be offered at a financial rate that makes the service sustainable-adjust patient fees accordingly |
| 1 | unlinked |
| 1 | yes - previous did have admitting rights when i covered afterhrs. felt disjointed looking after other clinics patients who didnt. i do not know have admitting rights as i have them for gumeracha hospital which is closer to home for me and my patients |