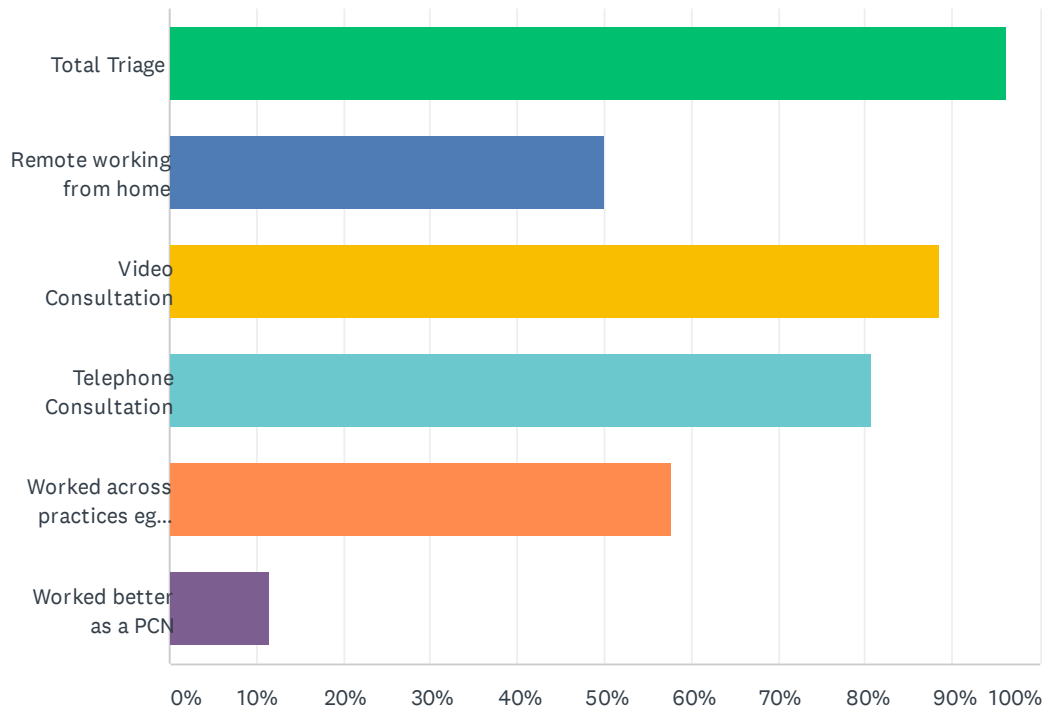


Q1 How have you / your practice worked differently so far, during COVID? Please select all that apply.

Answered: 26 Skipped: 0

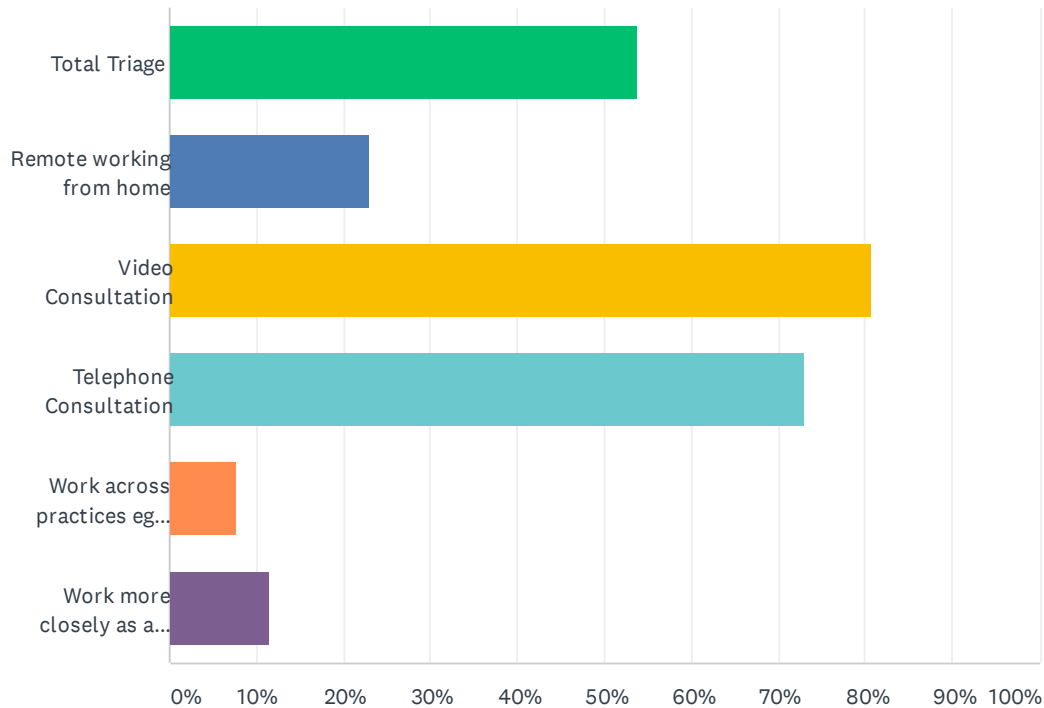


ANSWER CHOICES	RESPONSES	
Total Triage	96.15%	25
Remote working from home	50.00%	13
Video Consultation	88.46%	23
Telephone Consultation	80.77%	21
Worked across practices eg Hot hubs	57.69%	15
Worked better as a PCN	11.54%	3
Total Respondents: 26		

#	ANYTHING MORE?	DATE
1	Sms consulting	5/20/2020 5:17 PM
2	some home visits, still some patients attending for bloods but spaced out throughout the day so there is never more than 2 patient in the waiting room	5/13/2020 6:00 PM
3	Already did plenty of tel consultations, much increased. Hot hub took long time to get started and closed after 2 weeks	5/13/2020 5:36 PM
4	consult in car park, restricted surgery access	5/12/2020 12:13 PM

Q2 What will you continue long term? Please select all that apply.

Answered: 26 Skipped: 0

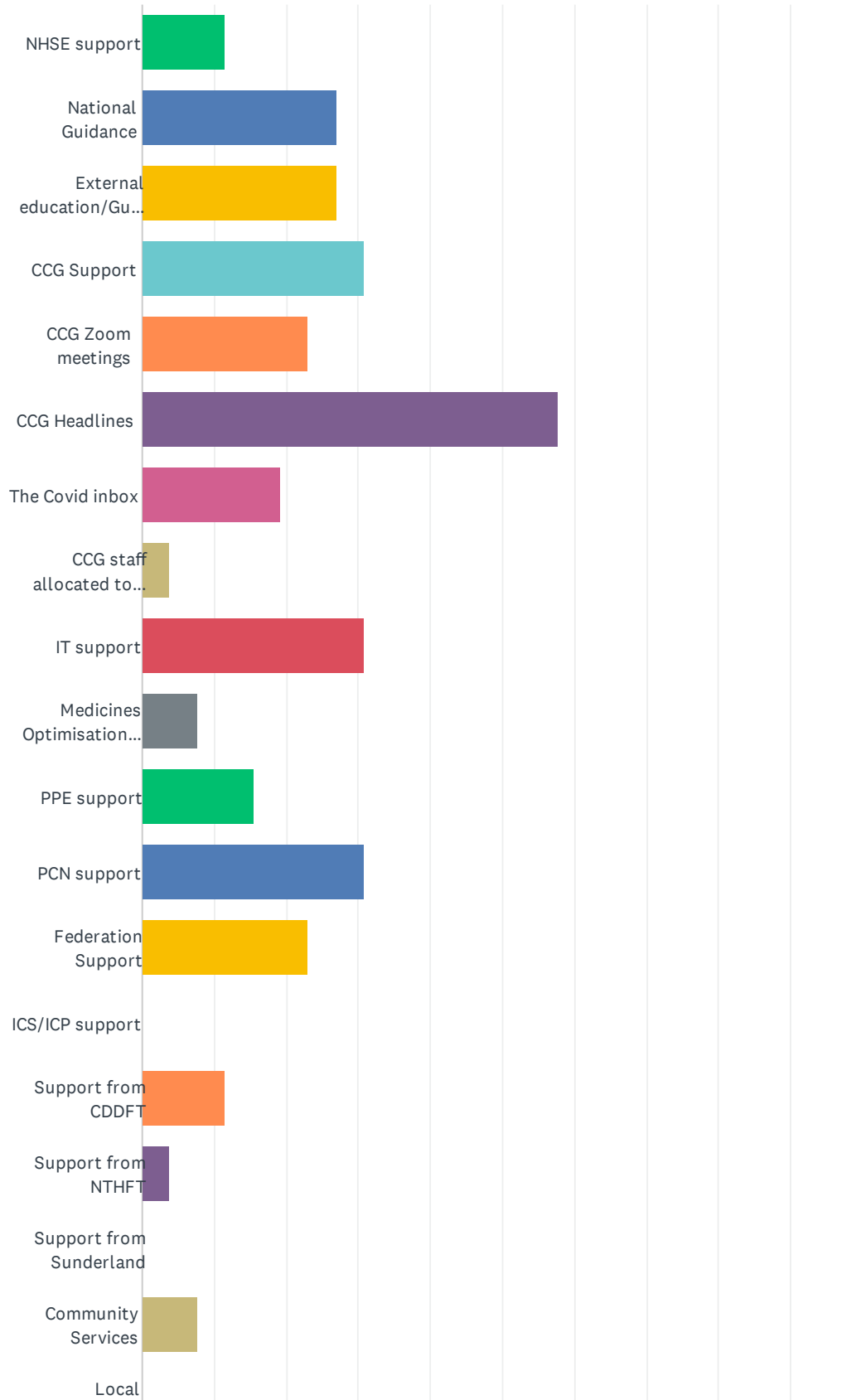


ANSWER CHOICES	RESPONSES	
Total Triage	53.85%	14
Remote working from home	23.08%	6
Video Consultation	80.77%	21
Telephone Consultation	73.08%	19
Work across practices eg Hot hubs	7.69%	2
Work more closely as a PCN	11.54%	3
Total Respondents: 26		

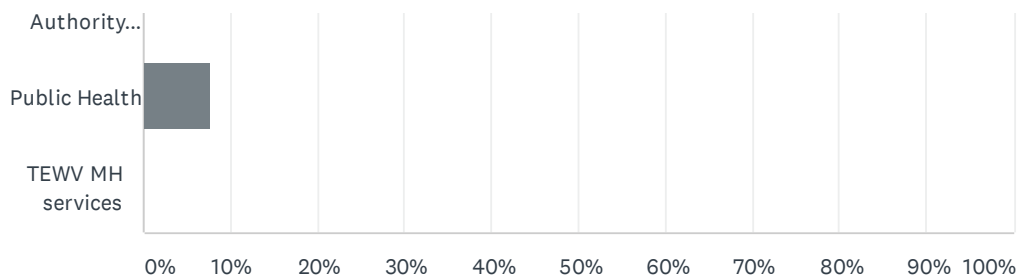
#	ANYTHING MORE?	DATE
1	Who knows	5/18/2020 9:23 PM
2	probably a mix of telephone and face to face	5/13/2020 6:00 PM
3	It remains to be decided, greater use of telephone triage than previously likely, may be very helpful to reopen hot hub to continue highest level of protection we can achieve for vulnerable patients who will need to restart attending the practice for monitoring	5/13/2020 5:36 PM
4	maybe total triage, more likely timed telephone and video consults	5/12/2020 12:13 PM
5	Salaried GP so no say in the above decision	5/12/2020 9:14 AM

Q3 What worked well? Please select all that apply.

Answered: 26 Skipped: 0



Primary Care Survey



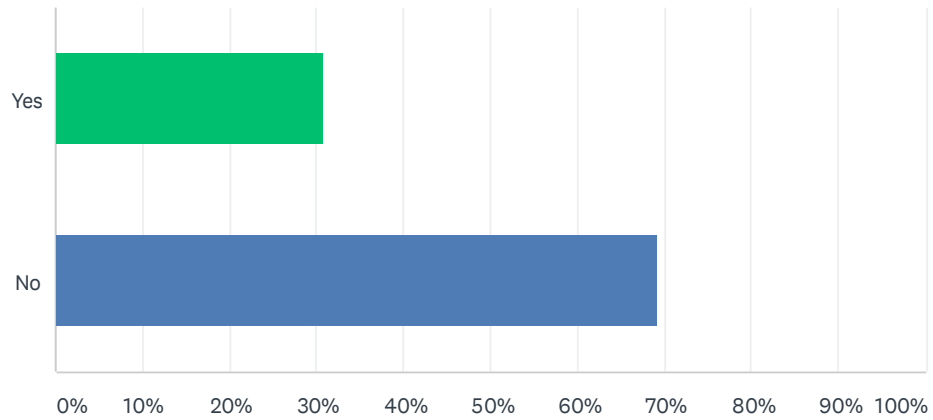
ANSWER CHOICES	RESPONSES	
NHSE support	11.54%	3
National Guidance	26.92%	7
External education/Guidelines - if Y - please list in the comments box	26.92%	7
CCG Support	30.77%	8
CCG Zoom meetings	23.08%	6
CCG Headlines	57.69%	15
The Covid inbox	19.23%	5
CCG staff allocated to PCNs	3.85%	1
IT support	30.77%	8
Medicines Optimisation Support	7.69%	2
PPE support	15.38%	4
PCN support	30.77%	8
Federation Support	23.08%	6
ICS/ICP support	0.00%	0
Support from CDDFT	11.54%	3
Support from NTHFT	3.85%	1
Support from Sunderland	0.00%	0
Community Services	7.69%	2
Local Authority Support	0.00%	0
Public Health	7.69%	2
TEWV MH services	0.00%	0
Total Respondents: 26		

Primary Care Survey

#	ANY COMMENTS?	DATE
1	Most services that went telephone based were of limited support	5/21/2020 12:01 PM
2	Career staff colleagues sharing latest guidance	5/18/2020 9:23 PM
3	Learned more from d/w colleagues on social media and GP press (pulse) than any local guidance. Sats being case in point- have been doing this since March but only v recent ccg information. Feel approach has been very secondary care centric, when we should have been working out how better to support care homes.	5/15/2020 7:43 AM
4	Red Whale and NB Medical education	5/13/2020 9:03 PM
5	Red Whale bulletins were particularly helpful. CDDFTConsultant advice line extremely helpful	5/13/2020 5:36 PM
6	red whale, rcgp, nbmedical	5/12/2020 12:13 PM
7	Daily emails have on the whole been excellent and useful.	5/12/2020 11:26 AM
8	Support from Practice team	5/11/2020 8:07 PM
9	CCG Support was woolly ! Anything to do with CDDFT was dealt with - anything to do with other trusts made into a mountain when it could have been dealt With better. Initially reasonable response to COVID inbox but very vague responses with no follow up ! The daily calls by CCG staff was overkill ! No usefulness from PHE or local authority ! LA support and infection control team nothing but chaotic disaster. Unnecessary issues blown out of proportion and not enough time spent in actually solving the problem like actually supporting the practices With PPE etc The COVID Q&As helpful	5/11/2020 8:05 PM
10	Support from practice	5/11/2020 7:52 PM

Q4 Community Team - Have relationships with your TAP team improved?

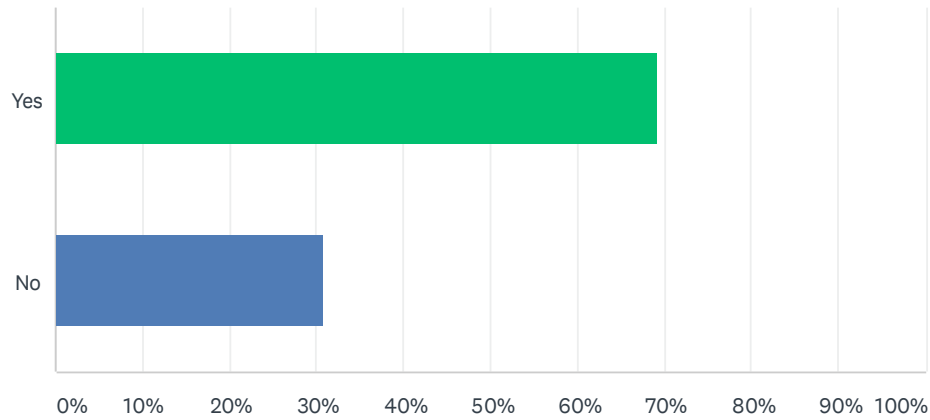
Answered: 26 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	30.77%	8
No	69.23%	18
TOTAL		26

Q5 Community Team - Have relationships with Care Homes improved?

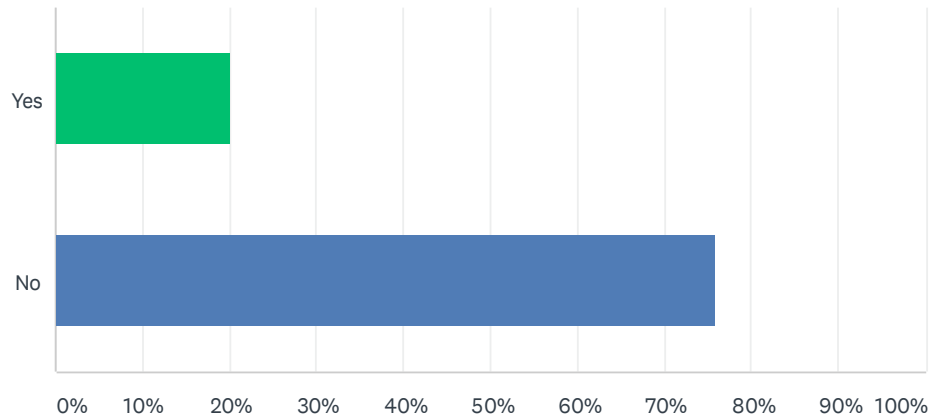
Answered: 26 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	69.23%	18
No	30.77%	8
TOTAL		26

Q6 Community Team - Have relationships with social care improved?

Answered: 25 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	20.00%	5
No	76.00%	19
TOTAL		25

#	ANY COMMENTS ABOUT COMMUNITY TEAMS?	DATE
1	They have been so busy we have not had as much contact. We were so busy ourselves that I suspect in the early days we could have offered them a lot more support than was possible at that time	5/21/2020 12:01 PM
2	n/a	5/13/2020 7:40 PM
3	Already have good relationship with DNs and this has continued	5/13/2020 5:36 PM
4	i have felt abandoned by them in general practice	5/12/2020 12:13 PM
5	Haven't had much need to contact SC.	5/12/2020 11:26 AM
6	Not directly working with these teams, no option for n/a	5/12/2020 9:14 AM
7	Worse ! Everything had an iG issue as a problem Again no sensible approach to deal with problem - everything is an unsurpassable mountain ! No voice from social care at all - not one call to even check if there were any acute issues / no local area information on support n voluntary services - GPs had to fish out all info !	5/11/2020 8:05 PM

Q7 Moving forward - What changes should we see in Primary Care?

Answered: 23 Skipped: 3

Primary Care Survey

#	RESPONSES	DATE
1	I think the whole episode has shone a light on how threadbare the service is for what it is being asked to do . Primary care must identify what we can and cant do going forward and reject everything that is not properly resourced or supported	5/21/2020 12:01 PM
2	Reduced foot fall in surgeries - with more remote consultations and inc use off all IT modes to contact pts Online consultations inc use SMS with pts E-contact services etc.	5/21/2020 8:25 AM
3	Accessible Coronavirus testing both for antibody and antigen. Dedicated Coronavirus hub so that potential cases can be kept out of usual primary care sites. Dedicated triage services provided by secondary care, potentially accessible by public. Freely available PPE. 'Clean' outpatient hospital sites. Testing before discharge to nursing homes.	5/20/2020 9:35 PM
4	More network working. More digital consulting	5/20/2020 5:17 PM
5	Move to total triage, more video and online consultations, pharmacist to sort medication queries and discharges, pharmacists should also be also do electronic prescriptions, video appointments should be available for talking changes, with same day appointments if needed.	5/20/2020 3:23 PM
6	More use of Photo/webcam facility. Offer more telephone appointments	5/18/2020 9:23 PM
7	Dr first likely to be needed for foreseeable.	5/15/2020 7:43 AM
8	need to maintain triage system as has worked well	5/13/2020 7:40 PM
9	More telephone consultations, still majority face to face app, but I am not keen on video consultations.	5/13/2020 6:00 PM
10	Provision for much higher level of social prescribing that can really impact overuse of secondary care in the way Newcastle study demonstrated.	5/13/2020 5:36 PM
11	Move to increase video consultations and more links with care homes	5/13/2020 2:18 PM
12	more telephone triage.	5/13/2020 11:51 AM
13	More remote consultation	5/12/2020 3:34 PM
14	Better communication from secondary care would be nice	5/12/2020 12:40 PM
15	Broad range of consultation access in timed appointment slots Stop doing care navigation which is biggest waste of time, Pharmacist medication reviews and pharmacist stopping the latest banned drug, Be able to stop and start repeat dispensing when medications are changed, this is currently a total pain Electronic referral to community physio/occ therapy No more appraisals ever No more meetings that are not virtual. Don't need to see everyone at the meeting or be in the room, just see the presenter/organisers. For the first time ever, I can hear what is being said in meetings properly when done through zoom etc	5/12/2020 12:13 PM
16	All depends on patient's wishes. I am happy to increase use of telephone/video care. I hope the experience will encourage patients to self-manage more.	5/12/2020 11:26 AM
17	continue total triage and improved digital access/consulting. Able to say 'no' to patients. Abolish appraisal.	5/12/2020 9:45 AM
18	Continued use of technology to allow remote consulting, would be helpful to have higher quality equipment available	5/12/2020 9:14 AM
19	option to tailor how we work to local needs rather than being imposed on us by NHSE or CCG	5/11/2020 9:04 PM
20	Clinical pharmacists in each practice working regularly	5/11/2020 8:07 PM
21	Triage First model Too many layers in the system a disaster Practices holding subcontracts - and some federations doing these for a profit and ruining any progress like VAWAS and some EPCAs Have a simple 2 tier system - in-hours and out of hours ! 8-8 x 2 ! Get practices to work together as PCN as backup if resources an issue - hot hubs have proved this can work ! Stop practices from being selfish and greedy for money's sake ! If you can provide a 8-5 service that's great and then move to federated PCN level working - so everyone can have a life ! Money doesn't travel to the grave	5/11/2020 8:05 PM
22	More triage, more joint working	5/11/2020 7:52 PM

Q8 Moving forward - What changes would you like to see in secondary care?

Answered: 23 Skipped: 3

Primary Care Survey

#	RESPONSES	DATE
1	There has been so little provision in 2y care for non-CoVID problems that in future more provision is needed to continue for 'non-crisis' work during the crisis and more planning/provision for the recovery period .	5/21/2020 12:01 PM
2	Cont the increased advisory services that have been put in place	5/21/2020 8:25 AM
3	See above	5/20/2020 9:35 PM
4	More rapid responses. Better comms (eg labs closing). Reopening faster	5/20/2020 5:17 PM
5	Improved communications via video or telephone between primary care and secondary care. Advise and guidance lines were excellent.	5/20/2020 3:23 PM
6	Tel appointments a lot of clinics are unnecessary	5/18/2020 9:23 PM
7	More supportive towards primary care. 2ww referral being encouraged but some handling of these has been less than ideal. Getting secondary care on board with remote assessment (telephone and video calls) would be an excellent start, and preferable to using GPs as middle men. Some specialities have been much better at this than others.	5/15/2020 7:43 AM
8	it has been excellent being able to consult with our secondary care colleagues and have them available to help manage patients - something that usually there is not enough time to do. This will save referrals, money and time	5/13/2020 7:40 PM
9	More telephone contact with secondary care for advice, I think it will reduce referral	5/13/2020 6:00 PM
10	Continuing increased communication with consultants	5/13/2020 5:36 PM
11	annual review/ surveillance clinics done over call rather than f2f to free up more f2f appts	5/13/2020 2:18 PM
12	Better communication with primary care. ? use of telephone appointments	5/13/2020 11:51 AM
13	Less handing back to GPs. More telephone contact from specialist to patient.	5/12/2020 3:34 PM
14	Some reopening of access for patients - even if by phone. Some transparency about how outpatients work is being managed. Better management of 2ww pathways which are in many cases not functioning well	5/12/2020 12:40 PM
15	be more patient centered with services eg medical photography - patient sent for immediate photo (great) department refuses to give photo instantly produced to patient who is required to keep a copy. (inefficient) consultant eventually looks at photo to approve it, secretary writes to patient by letter not enclosing photo - too dangerous, (inefficient) patient must attend clinic during working hours to collect photo in person (time wasting, unnecessary journey, time off work etc etc)	5/12/2020 12:13 PM
16	Increase in telephone/video consulting so as to increase their capacity and hence reduce waiting times.	5/12/2020 11:26 AM
17	Easier access to quick advice from consultants re patients with photos or queries regarding management	5/12/2020 9:45 AM
18	Increased use of remote consulting - provided scans/bloods etc all are carried out appropriately by secondary care.	5/12/2020 9:14 AM
19	more openness and information sharing should be a lot easier, take responsibility for their patients and continue to look after them, rather than passing them straight away back to primary care and expect repeat referral or referral for further investigations through primary care	5/11/2020 9:04 PM
20	More specialist nurse practitioners taking calls from primary care	5/11/2020 8:07 PM
21	Be sensible !!!! Work together - just don't talk the talk as if it's all heaving and throw things on GPs as a dumping ground and a dustbin ! Respect what GPs do and work together ! Show the spirit that GPs showed in running BAGH and hot hubs as opposed to how you have dealt with referrals and admissions and discharges ! Don't think CDDFT is the saviour of the universe ! You clearly aren't ! You haven't made any effort in working together with any other neighbouring trusts and just ridiculed them which is a disgrace !	5/11/2020 8:05 PM
22	More joint working	5/11/2020 7:52 PM

Q9 Moving forward - What changes would you like to see in community services?

Answered: 21 Skipped: 5

#	RESPONSES	DATE
1	More provision and support for them	5/21/2020 12:01 PM
2	Increase comms with practices cont with aligned practice vawas services in care homes	5/21/2020 8:25 AM
3	Dedicated teams attached to GP surgeries rather than separation of services such as district nursing and health visiting	5/20/2020 9:35 PM
4	N	5/20/2020 5:17 PM
5	District nurses to be equipped with saturation monitors and able to do physical check of vital signs.	5/20/2020 3:23 PM
6	I miss District nurses being assigned a GP and having a close relationship with them	5/18/2020 9:23 PM
7	Ongoing community nursing support.	5/15/2020 7:43 AM
8	More community teams looking after vulnerable and frail with links to geriatricians and primary care	5/13/2020 7:40 PM
9	N/A	5/13/2020 6:00 PM
10	Based in GP practices for better teamwork	5/13/2020 5:36 PM
11	to establish link with care homes and community nursing / visiting teams. ZOOM monthly MDT?	5/13/2020 2:18 PM
12	Better communication.,	5/13/2020 11:51 AM
13	more communication	5/12/2020 3:34 PM
14	Better PPE supplies	5/12/2020 12:40 PM
15	more community nurse practitioners.	5/12/2020 9:45 AM
16	Continued aligned working	5/12/2020 9:14 AM
17	better support by trusts and improved info sharing	5/11/2020 9:04 PM
18	More IT support - work mobiles, video consults with GPs while with patients, use e-cardexs	5/11/2020 8:07 PM
19	Be sensible Sorry you were until you were instructed by your bosses otherwise It would have been nice if you had worked closer with PCN and practices as opposed to showing the true "TRUST" colours !	5/11/2020 8:05 PM
20	More joint working	5/11/2020 7:52 PM
21	nil	5/11/2020 6:34 PM

Q10 Moving forward - What changes would you like to see in Care Homes?

Answered: 21 Skipped: 5

#	RESPONSES	DATE
1	more provision and support	5/21/2020 12:01 PM
2	Inc training and support fro NHS agencies	5/21/2020 8:25 AM
3	Aligned care homes to each practice. Dedicated community matrons for each care home	5/20/2020 9:35 PM
4	Na	5/20/2020 5:17 PM
5	Nil	5/20/2020 3:23 PM
6	GP weekly ward round	5/18/2020 9:23 PM
7	Many have 'stepped up' and contacts more appropriate with st least basic obs etc done. This should continue. We should not however be responsible for staff training, nor their PPE in the future	5/15/2020 7:43 AM
8	remain as one per practice enabling better care, weekly ward round etc - ? more funding needed for this	5/13/2020 7:40 PM
9	N/A	5/13/2020 6:00 PM
10	virtual ward round/ allocated time to troubleshoot issues	5/13/2020 2:18 PM
11	Better organisation	5/12/2020 3:34 PM
12	PPE supplies, training of staff in using PPE, some ability to use equipment such as pulse oximeters	5/12/2020 12:40 PM
13	enough staff, better pay for them, video consulting	5/12/2020 12:13 PM
14	Move to aligning care home to single GP is good idea. Allow care homes to see our documentation in S1.	5/12/2020 11:26 AM
15	Allocated nurse practitioners.	5/12/2020 9:45 AM
16	Support for staff - noticed a number of calls from carers relating to their own mental health, needs ongoing support and understanding from employing organisations.	5/12/2020 9:14 AM
17	much better support by trust and NHSE, better info sharing, IT link up to primary and secondary care	5/11/2020 9:04 PM
18	IT support, continue VAWAS nurses	5/11/2020 8:07 PM
19	LA in action Proper leadership - what has the integration board been doing during this time ?	5/11/2020 8:05 PM
20	More joint working	5/11/2020 7:52 PM
21	nil	5/11/2020 6:34 PM

Q11 Moving forward - What changes would you like to see in Extended Hours?

Answered: 18 Skipped: 8

#	RESPONSES	DATE
1	needs rethought. For this particular crisis it seemed to exacerbate manpower issues rather than help them	5/21/2020 12:01 PM
2	None at this time	5/21/2020 8:25 AM
3	Keep it going as is	5/20/2020 9:35 PM
4	Na	5/20/2020 5:17 PM
5	Should be stopped.	5/20/2020 3:23 PM
6	Face to face better. Tel appointments and then face to face harder to manage in short timescale. Appropriate triage needs before booking patients into this service	5/18/2020 9:23 PM
7	Not sure	5/15/2020 7:43 AM
8	Reduce extended hours	5/13/2020 6:00 PM
9	...	5/13/2020 2:18 PM
10	None specific	5/12/2020 12:40 PM
11	make this the same service as out of hours 7-8am and 6-10pm, loads of duplication, lots of confusing rules and varying provision	5/12/2020 12:13 PM
12	no change	5/12/2020 9:45 AM
13	review of actual use and demand	5/12/2020 9:14 AM
14	are they really needed or do we just create further demand? if more extended hours are suggested, primary care needs to consider a rota/shift based working system	5/11/2020 9:04 PM
15	Dedicated GP in each practice to deal with abnormal blood results after 6pm,rather than sending that to extended hours clinician	5/11/2020 8:07 PM
16	As above Strip off the ridiculous number of layers Keep it simple	5/11/2020 8:05 PM
17	None	5/11/2020 7:52 PM
18	nil	5/11/2020 6:34 PM

Q12 Moving forward - What changes would you like to see in Out of Hours?

Answered: 19 Skipped: 7

#	RESPONSES	DATE
1	-	5/21/2020 12:01 PM
2	None at this time	5/21/2020 8:25 AM
3	Keep it going as is	5/20/2020 9:35 PM
4	Na	5/20/2020 5:17 PM
5	Nil	5/20/2020 3:23 PM
6	None	5/18/2020 9:23 PM
7	Not sure	5/15/2020 7:43 AM
8	N/A	5/13/2020 6:00 PM
9	unable to comment as no worked there myself	5/13/2020 2:18 PM
10	None specific	5/12/2020 12:40 PM
11	incorporate with extended hours in evenings	5/12/2020 12:13 PM
12	Would encourage continuation of frail elderly service and make most of it.	5/12/2020 11:26 AM
13	-	5/12/2020 9:45 AM
14	none	5/12/2020 9:14 AM
15	better integration into practice IT	5/11/2020 9:04 PM
16	Sharing records consent from patients organised as public drive by each PCN	5/11/2020 8:07 PM
17	Exactly as above	5/11/2020 8:05 PM
18	None	5/11/2020 7:52 PM
19	nil	5/11/2020 6:34 PM

Q13 Moving forward - What changes would you make to Practice Business Continuity Plans now?

Answered: 18 Skipped: 8

#	RESPONSES	DATE
1	I don't feel much change to Practice continuity plans would help. what is needed is an over-arching regional plan (I suspect that with a few more staff isolating or if many had become unwell it would not matter what was in the Practice plan	5/21/2020 12:01 PM
2	Cont review and after through ongoing months	5/21/2020 8:25 AM
3	Aligning reception staff and health care staff to a PCN to cross cover emergency shortfalls	5/20/2020 9:35 PM
4	More network support for resilience	5/20/2020 5:17 PM
5	Nil	5/20/2020 3:23 PM
6	Not privy to these. Bit difficult to answer in a monkey survey	5/18/2020 9:23 PM
7	Not sure	5/15/2020 7:43 AM
8	N/A	5/13/2020 6:00 PM
9	i feel the shift in care provision has been managed very well but having a strategy for future issues would be useful	5/13/2020 2:18 PM
10	No idea	5/12/2020 12:40 PM
11	no idea	5/12/2020 12:13 PM
12	-	5/12/2020 9:45 AM
13	n/a	5/12/2020 9:14 AM
14	overall the NHS as such and certainly primary care has done quite well, but we need to be able to react much quicker to any such emergencies in the future	5/11/2020 9:04 PM
15	Streamline pay and hours for Admin staff. Make all GPs salaried with tiers or bands similar hospital doctors	5/11/2020 8:07 PM
16	Pandemic plan IT support for remote consultations	5/11/2020 8:05 PM
17	?	5/11/2020 7:52 PM
18	nil	5/11/2020 6:34 PM

Q14 Moving forward - What changes would you like to see in the CCG?

Answered: 18 Skipped: 8

#	RESPONSES	DATE
1	I think the CCG performed well in this recent period . I suspect that a review of plans for more severe eventualities will be needed as PCN's will not cope in the event of larger scale problems	5/21/2020 12:01 PM
2	cont the support offered through the pandemic with regular contact with surgeries and named CCG contacts	5/21/2020 8:25 AM
3	Changes lead by clinicians to benefit patients, doctors and nurses seeing through the agenda from NHSE	5/20/2020 9:35 PM
4	Na	5/20/2020 5:17 PM
5	Nil	5/20/2020 3:23 PM
6	Less emails. More actions. Very slow to make and feedback decisions during this pandemic. Disappointing really.	5/18/2020 9:23 PM
7	We are as important as the acute trust. Yes they have had the sickest patients to deal with- they are the acute trust after all, but we have worked hard to avoid admissions unless absolutely necessary and manage all of the usual stuff without access to referral and for a while limited diagnostics. From the off it seemed the CCGs primary agenda was to support the acute trust with much less recognition and focus on the challenges primary care has faced. I'd like the ccg to be more focused on helping primary care work well	5/15/2020 7:43 AM
8	N/A	5/13/2020 6:00 PM
9	Better communication than I understand is the case, ask for practices views before changes and in helping evaluate them	5/13/2020 5:36 PM
10	..	5/13/2020 2:18 PM
11	More willingness to listen to the needs and wishes of frontline staff	5/12/2020 12:40 PM
12	-	5/12/2020 9:45 AM
13	Noticed a step up in communication during the crisis which has allowed non-partners to be included which has been welcomed	5/12/2020 9:14 AM
14	be more proactive from the start, especially if NHSE, PHE and central government appear slow to respond. give local PCNs/services more leeway to react to local changes/needs	5/11/2020 9:04 PM
15	Better shared decision making with local GPs	5/11/2020 8:07 PM
16	Work with all feeding acute trusts Please don't be tunnel visioned with just CDDFT Please don't make other trusts a bigger problem than they are - just because the CCG isn't bothered to develop relationships With them	5/11/2020 8:05 PM
17	?	5/11/2020 7:52 PM
18	nil	5/11/2020 6:34 PM

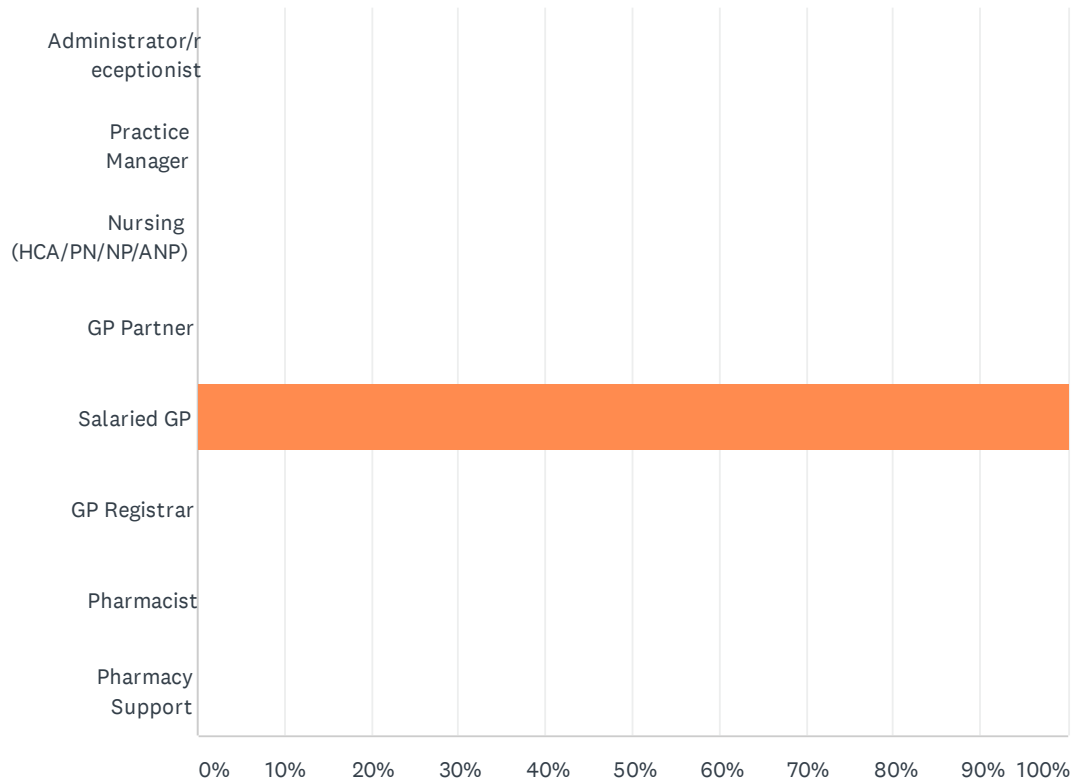
Q15 Any further comments?

Answered: 15 Skipped: 11

#	RESPONSES	DATE
1	I am struck by how many of our local clinicians are in at risk categories and the number that felt compelled to keep working rather than shielding as there is simply no alternative . There doesn't seem any way round this(as simply not enough 'low risk ' staff)and if a second wave or more severe situation arises we will have bigger problems trying to maintain some semblance of a service . We have got off very lightly to date . The recovery period will be a lot more challenging....	5/21/2020 12:01 PM
2	none	5/21/2020 8:25 AM
3	No	5/20/2020 5:17 PM
4	Nil	5/20/2020 3:23 PM
5	No	5/18/2020 9:23 PM
6	N/A	5/13/2020 6:00 PM
7	..	5/13/2020 2:18 PM
8	no	5/12/2020 12:40 PM
9	-	5/12/2020 9:45 AM
10	none	5/12/2020 9:14 AM
11	,	5/11/2020 9:04 PM
12	CCG heads could take a lead in positive information sharing with the press, social services, councils and police and dampen negative stories about primary care by stating actual facts	5/11/2020 8:07 PM
13	Overall CCG has been helpful Sadly some of the frustrations with tunnel visioned working have weighed up on scales as it has affected certain areas with overload of unnecessary irrelevant information and zero relevant information. The newsletter has been a disaster on many occasions with no simplicity to track back on topics - would have been useful if they had been batched topic wise on GPTN for eg: swabbing / PPE / referrals etc - simple table structure step up and step down couldn't be provided to support one patch which is frustrating ! Overall supportive - sadly not helpful	5/11/2020 8:05 PM
14	No	5/11/2020 7:52 PM
15	nil	5/11/2020 6:34 PM

Q16 About you - What is your job role?

Answered: 26 Skipped: 0



ANSWER CHOICES	RESPONSES	
Administrator/receptionist	0.00%	0
Practice Manager	0.00%	0
Nursing (HCA/PN/NP/ANP)	0.00%	0
GP Partner	0.00%	0
Salaried GP	100.00%	26
GP Registrar	0.00%	0
Pharmacist	0.00%	0
Pharmacy Support	0.00%	0
Total Respondents: 26		

#	OTHER (PLEASE SPECIFY)	DATE
	There are no responses.	