

# Stanley Medical Group

## LOCAL PATIENT PARTICIPATION REPORT

### PATIENT SURVEY RESULTS AND ACTIONS 2011-2012

The practice has had a Patient Reference Group since 2004 as we have always felt it beneficial and important to give the patients a voice on matters of importance to them within the practice and to influence key decisions made by the Practice.

We advertised for our PRG (Patient Representative Group) via our website, our plasma screen, the counterfoil on our prescriptions and our newsletter. The group are not as representative of our Practice population as we had hoped however we have tried in vain to recruit a more representative group. We continue to opportunistically invite patients to attend, including those in the younger age brackets, those who access local services and those who frequently attend because of their medical condition. Those who don't attend still get electronic information sent by email.

The members of the PRG are also actively trying to recruit new members in the groups required.

All staff are also aware of the need for new members and are encouraged to promote the PRG wherever possible to potential new members.

The group has 27 members, with an age range of 18 – 73, covering Students, Unemployed, Working – employed and self-employed and retired patients. The group is well represented with 15 Female and 11 Male members.

The practice has an awareness of the practice profile at AAP level, including levels of unemployment, deprivation, life expectancy, crime rates and prevalence of Chronic Disease and will continue to encourage a wider representation of these groups.

The group is represented with 96.6% White British ethnic group and 3.4 % Indian British. (the overall practice profile shows less than 0.5 % as **not** White British)

The information below shows the profile of the PRG

Age Sex Ethnicity

73	Female	White British
69	Female	White British
66	Female	White British
72	Female	White British
68	Male	White British
51	Male	White British

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63	Female	White British
49	Male	White British
59	Male	White British
62	Female	White British
65	Male	Asian British
53	Male	White British
46	Female	White British (Practice Manager)
35	Male	White British (GP)
75	Male	White British
69	Female	White British
63	Female	White British
59	Male	White British
56	Female	White British
55	Female	White British
54	Male	White British
48	Male	White British
40	Female	White British
40	Male	White British
38	Male	White British
27	Female	White British
26	Female	White British
21	Female	White British
18	Female	White British

In our December meeting we obtained the views of our PRG as to what a Patient Satisfaction Survey should show us, as a general satisfaction level of the practice and we agreed to include the following areas:

- Premises and Environmental
- Staff
- Access and Appointments

We decided to use the CFEP UK Surveys IPQ (Improving Practice Questionnaire) as we have used these previously and they gave us the feedback that we required in a user-friendly format. We felt the questions in their surveys were suitable to what we required and the areas we were looking at and gave us benchmark information as well as past scores for comparison purposes.

IPQ is a reliable and sensitive tool which accurately measures patient satisfaction in designated areas and is sensitive to change.

In total we submitted 215 questionnaires which had been given out to patients of both sexes and all ages. These were patients were all attending the surgery either for an appointment between December 2011 and end of January 2012.

We gave out the questionnaires at various different points during the practice surgery times. This ensured that we covered a wide section of the Practice population. For example, we gave out questionnaires at our baby vaccination clinic to ensure a younger population received them.

The following link contains the results, including patient demographics, number of responses, whether patient had seen usual practitioner and years they have attended the practice:

Following receipt of the results of the Patient Survey, a meeting with the PRG was arranged. Prior to this meeting members of the PRG received copies of the results of our survey, either as a hard copy or via email. This gave the members time to look at the results, analyse them and prioritise actions at the meeting.

We held a meeting for the PRG group, with the Practice Manager and GP Partner to discuss the results of the survey. The areas prioritised and agreed for action are as follows:

1. Understanding the questionnaire and its importance
2. 48 Hours Access
3. Opening Hours
4. Address some of the individual comments

## **Action Plan**

### **Understanding the questionnaire, and its importance.**

The group agreed that perhaps the ambiguity of some of the questions resulted in lower achievement in some areas. This may also explain the high volume of 'blank' data.

It was strongly suggested that we have a better system for asking patients to complete the form, calling upon our Patient Reference Group and our Admin team to assist patients when completing the forms.

The overall opinion of the survey was in fact that it was poor and it did not really add any value. The proportion of surveys completed was not proportionate enough to represent a good enough statistical basis for change therefore we may look at another means of surveying our patients in the future.

## **48 Hour Access**

Whilst it was acknowledged that we may experience difficulty achieving the 48 hour access during peak times ie flu pandemic or seasonal virus, generally the practice can offer appointments within 48 hours most of the time, although this may not always be with the preferred GP or Health Care Professional. It was suggested that it was patient expectations and mannerisms that needs to be addressed.

The practice has tried various systems to improve the patient experience in this area and the group approved a small operational change that is managed by our Receptionist using an algorithm to ensure that patients were seen in the most appropriate time according to their condition. This will be reviewed in 1 month by the practice, and our virtual members will be updated with the results

We also agreed to further publicise the ability to book on appointments online as the system clearly shows the availability of ALL GP's within the practice.

## **Opening Hours**

It was evident that some patients were still unaware of our extended opening hours. Patients can book appointments from 8 am every day, up until 6pm as Routine (last GP appt is 5.40). We have a late night opening on a Tuesday till 7.15.

This is advertised on our Plasma screen and in our Practice Leaflet. It was agreed that we would try publicising this more effectively with perhaps a 'themed' section on our plasma board.

## **Address some of the individual comments (*if not addressed in any of the above*)**

### **Phone the Results of tests**

We currently tell patients that we will always contact them if they any of the tests are abnormal or if he / she needs further intervention. The volume of tests results received in any one day is often over 300 therefore it is not feasible to ring patients to inform of normal. Patients can ring at any time if they want to know the result, for peace of mind. The practice has the ability to text patients, if consent has been obtained; therefore we agreed to look at this from an operational point of view.

**Information Screen often out of date**

We will endeavour to manage this more efficiently

**Telephone system not good after waiting 15 minutes**

The practice has increased its incoming lines to 6 at any one time therefore this is deemed adequate however it was agreed that we would try to ensure that all phones are manned during peak times.

**Waiting too long**

The practice currently checks waiting times, and on average delays run at:

6.0 minutes for GP's

4.6 minutes for Nurses

5.1 minutes for Nurse Practitioner

We all felt this is acceptable therefore this may have been an isolated incident.

**Doors into the practice area**

This has been reported to PCT (landlord) however in view of the fact that our building was deemed to be DDA compliant they feel that no action is needed. We will continue to highlight this as a problem

