

# Stanley Medical Group

## LOCAL PATIENT PARTICIPATION REPORT

### PATIENT SURVEY RESULTS AND ACTIONS 2012 - 2013

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 36 members, with an age range of 18 – 73, covering Students, Unemployed, Employed, Self-employed and Retired patients. The group is well represented with 19 Female and 17 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)

We obtained the views of our virtual 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 again however noting the paragraph below:

- 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. The survey was deemed suitable for this year as it gave us some comparative data to use for part 2 of the DES and gave us benchmark information as well as past scores for comparison purposes, **however we agreed that the group would create our own survey in the future as we all felt that the questions were not clear.**

In total we submitted 296 questionnaires which had been given out to patients of both sexes and all ages. These were patients were all attending the surgery for an appointment during December 2012 and January 2013.

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.

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 2 x Practice Manager and 2 x GP Partner to discuss the results of the survey.

It was easy to identify the areas that were most positive and least positive therefore we prioritised the results to look at the changes of the areas we highlighted for action in our last survey:

**1) Using Admin and PRG for assisting patients when completing the survey**

We used one of our Admin staff **to assist with the survey**. Unfortunately adverse weather conditions prevented our PRG member attending on the days we had planned.

2) **48 Hour Access:** This was one of our best areas of improvement showing a 6% increase in satisfaction to 61%, scoring SMG within the middle 50% of all means. Our online booking of appointments has seen an increase in activity every month since introducing this system last year.

**3) Opening Hours:** the survey showed a satisfaction of 73% (within the highest 25% of all means). We have continued to display this on our plasma board as suggested. Activity on our website shows on average 1300 unique visitors to our site every month therefore may have helped to inform patients of our early and late availability. In addition to this, we have opened on a Sunday for a limited period, to assist with the pressures on other services during Winter.

4) **Phone the Results of tests:** Our survey did not highlight any issues with this. All HCP's taking blood inform all patients that we would always contact them in the event of an abnormal result that needed action.

**5) Information Screen often out of date**

The survey did not highlight any further problems. This is checked fortnightly by Practice Manager.

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

The survey shows that we are in the highest 25% of all means for this area, and an increase in satisfaction of 3%. Staff are aware of peak times and we try to keep these areas manned at all times. We are trying various other ways to reduce the volume of calls (ie online booking of appointments and Rx ordering. We hope to have a full report by end of August 2013)

### **7) Waiting too long**

Nil to report from survey. Slight decrease in satisfaction however the on average delays run at:

6.4 minutes for GP's

3.9 minutes for Nurses

5.1 Nurse Practitioner

We all felt this is acceptable.

### **8) Doors into the practice area**

We have continued to report this to our landlord however they are not willing to change.

Recent survey results have not been shared yet however this will be discussed at the next occupants meeting.

### **Action Plan 2012/13**

The PRG felt that until the survey was changed, they did not wish to set an action plan, as the survey did not reflect any true / accurate findings.

In order to move on, a small working group was identified in order to agree some areas of priority for our next patient survey. This group would be responsible for agreeing the areas of priority for any survey. We intend to meet in May 2013.

