

Patient Survey Results 2011/2012

A total of 150 questionnaires were distributed and the following table displays the demographic data collected in a total of 100 completed questionnaires.

Total Number of Patients	6231
Male	3226
Female	2984

Ethnicity

Ethnicity	
Chinese	1%
Polish	1%
White British	25%
Asian Community	74%

- **PPG GROUP**

A Patient Participation group was set up which represents the practice population. The PPG represents the practice population as a whole. Efforts to promote and publicize the PPG group resulted in us managing to achieve our objective of getting together a group which was mainly representative of the practice population including those with disabilities and their carers, the younger age group, those who worked full time, and the unemployed.

We contacted a large number of our patients and encouraged them to join the PRG group.

Steps taken to attract patient interest were:

- Posters displayed in the waiting areas
- reception staff spoke to patients who were unable to read the posters in English and encouraged them to think about joining.
- reception staff made patients aware of the posters displayed in the waiting area

- doctors gave out leaflets to patients as they attended for their routine appointments.

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Ethnicity	
White	
% British Group	25%
% Irish	0%
Mixed	
% White and Black Caribbean	0%
% White and Black African	0%
% White and Asian	0%
Asian or Asian British	
% Indian	29%
% Pakistani	44%
% Bangladeshi	1%
Black or Black British	
% Caribbean	0%
% African	0%
Chinese or other ethnic group	
% Chinese	1%
% Any other	0%
Gender	
Male	%50
Female	%51
Age	

Ethnicity	
Practice Population Profile	PRG Profile
31.1% under 16	0% under 16
12.3% 17 – 24	12.5% 17 - 24
20.4% 25 – 34	12.5% 25 - 34
12.5% 25 - 34	25% 35 - 44
7.7% 45 – 54	12.5% 45 - 54
6.6% 55 – 64	12.5% 55 – 64
% 65 – 74	12.5% 65 – 74
% 75 – 84	12.5% 75 – 84
0.7% over 84	0% over 84

Local Practice Survey

The PPG group initially met for an introductory purposes to enable it to meet fellow members and to discuss the terms of reference and aims and objectives of the group and also to inform the members of the reasons these PRG groups were being established across the country. It was also an opportunity for members to decide whether it was something that they wanted to commit to. In line with the advice provided by the NAPP getting started guide, we ensured that most of the medical staff including doctors were present in the first couple of meetings to show the members that we appreciated their time and commitment to be involved.

- The group met a second time to set terms of reference, agree on some short term objectives, to decide on frequency, timing and venue of future meetings and review processes and plans that have been put in place and also to discuss the survey and the types of questions that members would like to be included in the questionnaire. Examples of questionnaires were handed out to the members to provide with ideas and as a basis for further discussion. The group decided that certain modifications were necessary and -this was implemented in the new questionnaire which reflects the general consensus of the group in terms of the range and type of questions necessary and which

it was felt reflected the needs of our particular practice. The group felt that the following were of particular concern to the majority of patients.

List of priorities which were identified by the group and discussed.

- Availability and accessibility: including access for the varying needs of individuals.
- Consultation
- Availability of appointments,
- Waiting times,
- Physical access and telephone access
- Ease of ordering repeat prescription.
- Technical competence, including: the doctor's knowledge and skills, and the effectiveness of his or her treatments.

Following a discussion, the group decided to consider a questionnaire that had been drawn up by another practice as they felt it was simple and short and relevant and of particular concern to the majority of our patients. Certain modifications were however necessary which reflected the general consensus of the group in terms of the range and type of questions and which it felt reflected the requirements of our particular practice population.

The questionnaire was then designed taking into consideration the viewpoints of the PRG. It was felt our survey would hopefully provide us with the results that would make it easy for us to ensure that practice could use to improve care in the areas specified.

The PPG also agreed upon how the survey would be conducted and it was decided that it would take place over a 2 week period and the questionnaires would be handed out to every second patient (to obtain a cross section of the population) by the reception staff. Questionnaires were also placed in the waiting area for patients to pick up as they came in for their routine appointments or otherwise. Postal surveys were sent to the housebound patients who wished to take part as a result of being called and asked whether they would like a questionnaire to be sent to their homes.

Summary of results

The following table summarises the individual scores for the evaluation questions in the survey i.e. the ones where patients made a judgment about how good that aspect of care was. They are represented as a percentage of the maximum possible score, so the best possible score in each case is 100. You will be able to see the areas where the practice scores well and where improvement may be needed.

We distributed 188 questionnaires in line with the DES guidelines which required 25 per thousand. The following table indicates the results of the survey which were collated within the practice and to some extent the PPG group. 130 filled questionnaires were returned. In terms of demographics, we received back 75 questionnaires from females and 55 from males.

The following table summarises the individual scores for the evaluation questions in the survey i.e. the ones where patients made a judgment about how good that aspect of care was. They are represented as a percentage of the maximum possible score, so the best possible score in each case is 100. You will be able to see the areas where the practice scores well and where improvement may be needed.

Question	Rating
Q1. Satisfaction at the Speed at which the telephone was answered initially	88%
Q2. Length of time you had to wait for an appointment	78%
Q3. Satisfaction with convenience of day and time of your appointment	78%
Q4. Satisfaction with availability of particular doctor	70%
Q5. Satisfaction with the waiting time to see the doctor or nurse	67%
Q7. Satisfaction with the opportunity of speaking to a doctor or nurse on the telephone when necessary	79%
Q8. Satisfaction of obtaining a home visit when necessary	77%
Q9. Level of Satisfaction with the extended hours offered at the surgery	79%

Question	Rating
Q10. Satisfaction with prescription being ready on time	80%
Q11. Satisfaction with correct prescription being issued	92%
Q12. Satisfaction with how easy it is to obtain test results	79%
Q13. Satisfaction in the way you are treated by the receptionist.	75%
Q14. Satisfaction with doctor's explanations	85%
Q15. Satisfaction with the time doctor spends	78%
Q16. Satisfaction with doctor's patience	78%
Q17. Satisfaction with doctor's caring and concern	75%
Q18. Ability to understand problem after visiting doctor	75%
Q19. Ability to cope with problem after visiting doctor	78%

- **Action Plan**

- The PPG members met to discuss the findings of the survey, this gave them an opportunity to discuss or comment on the results and to initiate any changes that may be required in the services provided by the practice.

The survey was analysed in detail and the following action plan was implemented with the agreement of all members. Opening times for the practice were not changed as this was not an issue.

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You Said	We did...	The Result is...
Shortage of GP appointments	Arranged for more sessions	One new GP
Shortage of nurse appointments	Arranged for extra Nursing hours	1 part time new nurse
Shortage of minor surgery clinics	These will be available in the new build surgery. Patients to go to Liversedge Surgery	More minor surgery clinics in 2013
Waiting time for nurse and doctor long at times	Attempt where possible to keep them short	Also an extra GP

You Said	We did...	The Result is...
Shortage of blood clinics	Trained another HCA	New Phlebotomist
Make some changes to physical appearance of surgery	Plans currently in place to move premises	To relocate in 2013