

## **Patient Participation Report for the year 2011-12**

### **How the Group was established**

To date in the period 2011/2012, Strensall Medical Practice has issued 3 surveys/questionnaires to our registered patients.

In April/May 2011 Strensall Medical Practice had already determined that we wanted to engage more with our patients and our staff in order to understand who we were, what our patients and staff thought of us, and how we could further improve our services.

At this time we instigated our own survey/questionnaire in each of our 4 branch surgeries, which asked patients a total of 26 questions, including demographics and optional 'opt-in' contact details for those patients who were happy to enter into further dialogue with us at a later date.

These questionnaires were put in each branch waiting room and patients were encouraged to complete these forms voluntarily, by receptionists, by posters and use of the plasma screens in the branches. The majority of patients completed these forms whilst in the surgery, although, some chose to take these forms home and returned them to the Practice completed. A clearly marked, confidential box was provided in each waiting room, into which the completed forms were posted.

We also held an 'Away Day' session with all staff in April last year, in order for them to have the opportunity to share their thoughts on the practice and our services.

Both of these strategies were very successful. The response from the patient questionnaire, in particular, provided almost 300 responses, which were collated during April and May 2011, using Survey Monkey.

Responses from the Patient questionnaire demonstrated clearly our strengths, our weaknesses and our core values. Additionally from this, we gained an understanding of what our objectives should be for future planning. All of this information was shared with our patients via notices boards in the surgery and also through our website.

In June 2011, we determined to set up a virtual Patient Reference Group (PRG), in order to ensure consistent engagement with patients and to provide them with the ability to 'talk' to the practice about any matters of importance or concern. We felt that by making it virtual, patients could air views without feeling inhibited when raising issues pertinent to them. Leaflets and a Frequently Asked Questions Sheet were advertised and made available in each of our branch surgeries; these were also advertised and made available electronically through our website. We also engaged with those patients who had previously indicated they would be happy to 'talk to us' again, through the original Practice Questionnaire sent out in April/May and sent out letters and the FAQ sheets either electronically or through the post. Within this

correspondence, we asked patients if they would be happy to be part of the PRG and whether yes or no; to let us know which areas they felt we should focus on. We provided patients with a list of areas, along with a box for 'other' in which they could stipulate any areas we had not mentioned.

We originally secured a total of 172 members on the Patient Participation Group; the group now stands at 171, however. This compares very favourably to the number that completed the Department of Health's GP Patient Survey, for our Practice in 2010-11, conducted by Ipsos Mori; this number being 128.

### **Strategy for Patient Reference Group**

- 1. Communicate with the Patient Participation Group electronically and via the post in order to attract maximum numbers from each demographic.**
- 2. Use paper based survey's quarterly within each branch surgery to capture the views of as many patients as possible from each demographic.**
- 3. To provide patients with the opportunity to rate a response in order to determine feelings and opinions before action plans produced.**
- 4. To advertise the importance of these groups to patients within branches and via the website in order to continue to grow the base.**
- 5. To provide patients with sufficient time to respond – i.e. keep the survey open for the quarter but advertise the survey close date clearly.**
- 6. Report back to patients quarterly on the views shared and the actions agreed via website, notice boards in branches and plasma screens.**
- 7. Hold quarterly review meetings with staff and patients to determine action plans/review progress, including how to attract any further participants including any demographic that we feel is not adequately represented.**

### **Practice Profile:**

Age	Practice Population	%age	PRG Profile	%age
Under 17's	3356	19%	0	0%
17 – 24's	1424	8%	1	0.6%
25 – 34's	1602	9%	4	2.3%
35 - 44's	2361	13%	16	9.4%
45 -54's	2685	15%	17	9.9%
55 – 64's	2472	14%	41	24%
65 -74's	2040	12%	52	30.4%
75 -84's	1165	7%	36	21.1%
Over 84's	522	3%	4	2.3%
<b>Ethnicity</b>				

White British	14541	82.4%	157	91.8%
Irish	10	0.06%		
White and Black Caribbean	5	0.03%		
White and Black African	5	0.03%		
White and Asian	15	0.09%		
Indian	22	0.13%		
Pakistani	8	0.05%		
Bangladeshi	1	0.006%		
Caribbean	3	0.02%		
African	15	0.09%		
Chinese	32	0.18%		
<i>Any Other white</i>	1034	5.87%	11	6.4%
<i>Declined to comment</i>	1935	10.98%	3	1.8%
<b>GENDER</b>				
Male	8431	47.8%		
Female	9195	52.2%		

**Demographics by Practice/Branch for Patient Participation Representatives:**

Strensall Medical Practice comprises of 4 branch surgeries. We are a large semi rural practice, covering both sides of the A64 in the North East area of York.

**Dunnington:**

Largely comprises commuters and retired professionals.

34 representatives - 18:16 female: male ratio.

<b>Female</b>			<b>Male</b>		
Age group	Number	% age	Age group	Number	% age
Under 25's	0	0%	Under 25's	0	0%
25 – 34	1	2.9%	25 – 34	0	0%
35 – 44	2	5.8%	35 – 44	0	0%
45 – 54	1	2.9%	45 – 54	0	0%
55 – 64	6	17.6%	55 – 64	4	11.9%
65 – 74	3	8.8%	65 – 74	7	20.5%
75 – 84	5	14.8%	75 – 84	4	11.9%
84 +	0	0%	84 +	1	2.9%

In terms of ethnicity and following the criteria from the ethnic categories within the 2001 Census:

Other white background = 3 (8.8%)

Declined to answer = 1 (2.9%)

White British or mixed British = 30 (88.3%)

## Huntington

Comprises a larger proportion of retired adults.

39 Representatives – 26:13 (female: male)

Female			Male		
Age group	Number	% age	Age group	Number	% age
Under 25's	0	0%	Under 25's	1	2.6%
25 – 34	0	0%	25 – 34	0	0%
35 – 44	1	2.6%	35 – 44	0	0%
45 – 54	4	10.2%	45 – 54	1	2.6%
55 – 64	5	12.8%	55 – 64	1	2.6%
65 – 74	9	23.1%	65 – 74	4	10.2%
75 – 84	6	15.3%	75 – 84	5	12.8%
84 +	1	2.6%	84 +	1	2.6%

Polish = 1 (2.6%)

Declined to answer = 1 (2.6%)

Other White Background = 1 (2.6%)

White British or Mixed British = 36 (92.3%)

## Strensall

Largely comprises commuters and professionals with a number of nursing/residential homes.

58 Representatives – 28:30 (female: male)

Female			Male		
Age group	Number	% age	Age group	Number	% age
Under 25's	0	0%	Under 25's	0	0%
25 – 34	2	3.5%	25 – 34	0	0%
35 – 44	9	15.5%	35 – 44	0	0%
45 – 54	3	5.2%	45 – 54	2	3.5%
55 – 64	7	12.1%	55 – 64	8	13.7%
65 – 74	3	5.2%	65 – 74	11	19%
75 – 84	4	6.9%	75 – 84	8	13.7%
84 +	0	0%	84 +	1	1.7%

English = 1 (1.7%)

Declined to answer = 1 (1.7%)

Other White Background = 3 (5.2%)

White British or Mixed British = 53 (91.4%)

## Stamford Bridge

A higher percentage of nursing/care homes.

40 Representatives – 26:14 (female: male)

Female			Male		
Age group	Number	% age	Age group	Number	% age
Under 25's	0	0%	Under 25's	0	0%
25 – 34	1	2.5%	25 – 34	0	0%
35 – 44	4	10%	35 – 44	0	0%
45 – 54	5	12.5%	45 – 54	1	2.5%
55 – 64	6	15%	55 – 64	4	10%
65 – 74	9	22.5%	65 – 74	6	15%
75 – 84	1	2.5%	75 – 84	3	7.5%
84 +	0	0%	84 +	0	0%

Other White Background = 3 (7.5%)

White British or Mixed British = 37 (92.5%)

### **Demographics not adequately represented:**

We have identified that we need to find alternative ways to engage with teenagers and young adults, and also with the patients or representatives of patients within nursing or care homes.

Our website is being developed to enable a specific area for teenagers and young adults (under 25's). This is in progress and we plan to 'launch' the project within the Practice by inviting this target group of patients, to help us to develop this and any other technology associated. We believe that by developing this functionality, would ensure the Practice can engage with this group more freely, in order to ensure for example advice on sexual health or drug and alcohol related issues.

With regard to the Care homes, we are engaging with the providers of the care homes to determine the most appropriate method for ensuring we represent adequately, the voices of these patients.

### **How did we determine the priority areas to be addressed?**

In the original survey that we issued to patients in April/May 2011, we asked patients to let us know which areas they would like us to focus on. Additionally in the following survey issued at the end of the summer, when we invited patients to join the Patient Reference Group, we asked again, which areas we should focus on.

The three most prevalent areas in both surveys were clearly identified as:

- 1) Clinical Care
- 2) Telephone answering and
- 3) Getting an appointment

These three areas also concur with the Practice staff view. To explain further, within the Practice we have a policy of completing Problem Reports; staff are

trained to produce these, if they have any concern whatsoever, from a minor issue that a patient may not have even noticed, to what we would deem as significant event for the Practice or a Patient. These reports are fed back to Branch Managers, Practice Manager and Partners, to ensure we record, act and apply learnings from anything that occurs. Our aim is always to be proactive rather than reactive.

The focus areas identified in the surveys, also match those most prevalently raised in the Problem Reports.

### **How did the Practice determine what the surveys/questionnaires should ask?**

From feedback from previous correspondence with patients, the questionnaires, Problem Reports and the suggestion boxes in each of the branches, we set about asking 3 questions on each of the 3 main focus areas. These questions were specifically tailored so that patients could give a rating response, as we wanted to gather opinions and feelings about these areas, for us then to determine the actions.

#### ***Clinical Care:***

We asked patients to rate their experience with a Doctor and a Nurse. We also asked them if they understood what a Nurse Prescriber was, which was important because previous feedback had suggested that patients reluctance to attend Minor Illness clinics was down to a perceived misunderstanding about nurses and their ability or not, to issue a prescription for anti-biotic.

#### ***Telephone Answering:***

We asked patients to rate their experience with our staff on the phone in terms of professionalism and confidentiality and we also they to rate what they considered to be an acceptable speed of answer for their calls.

#### ***Appointment System:***

We asked patients to rate their experience of our appointment system and their ability to see a Doctor (not necessarily their Doctor of choice or nurse, the same day, within 24 hours, within 48 hours and beyond.

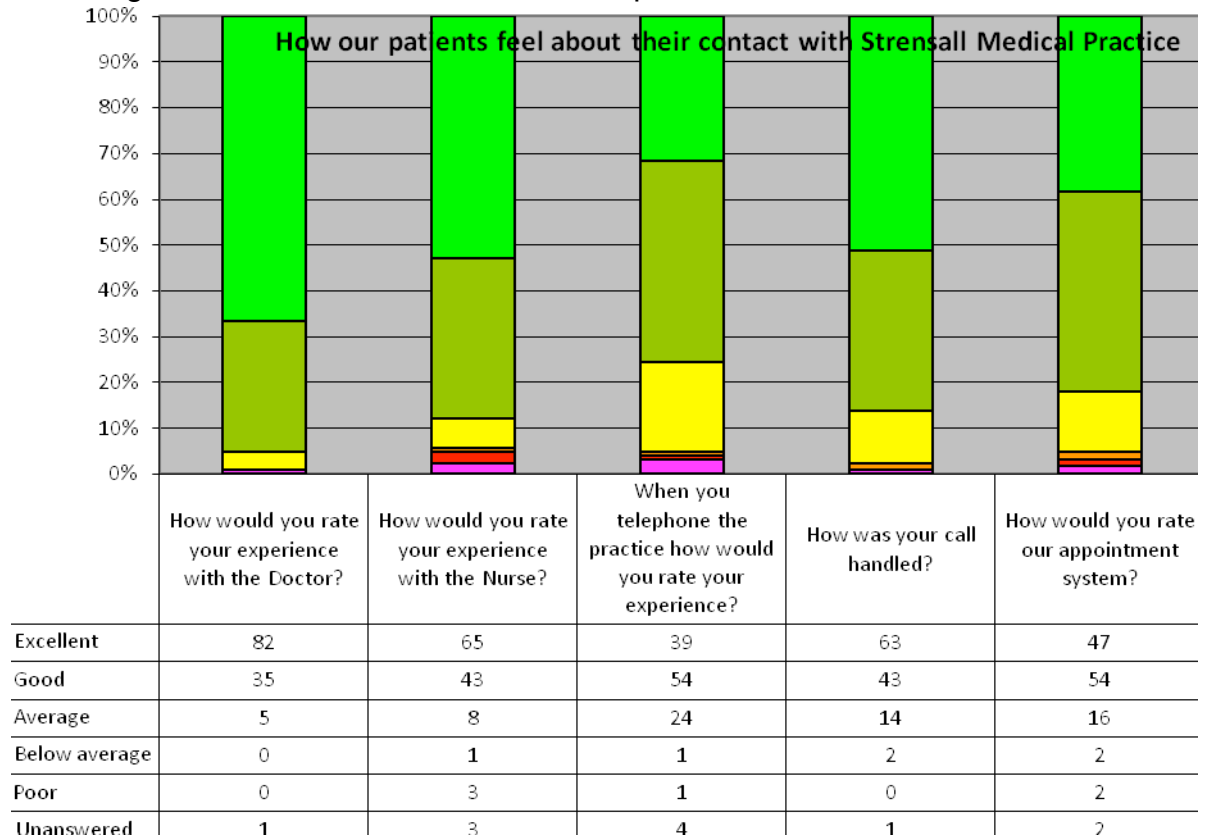
We also asked them if they would be happy to have same day appointments reserved for 'urgent' need. Urgent was defined as 'an injury or illness that is acute and poses an immediate risk to a person's health. (As these 'urgent' situations can only be determined by a Doctor, if you are in any doubt please assume the issue is urgent.)'

### **Survey Findings and Actions**

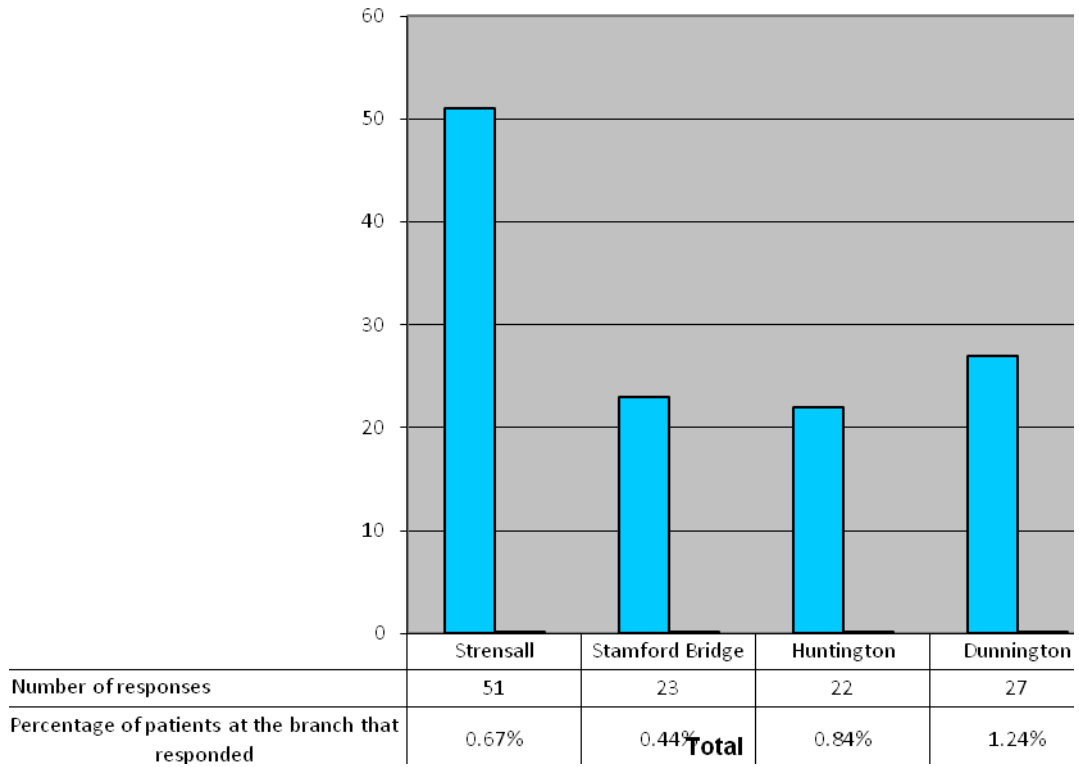
The survey findings were collated and shared with the PRG along with the proposed action plan.

The results from the electronic and paper based surveys were all collated via Survey Monkey and an excel spreadsheet. Pivot tables were used to produce graphs and analyse the data that was subsequently published to patients, via the website and on a specially designated Notice Board in each of the practice branch surgery waiting rooms.

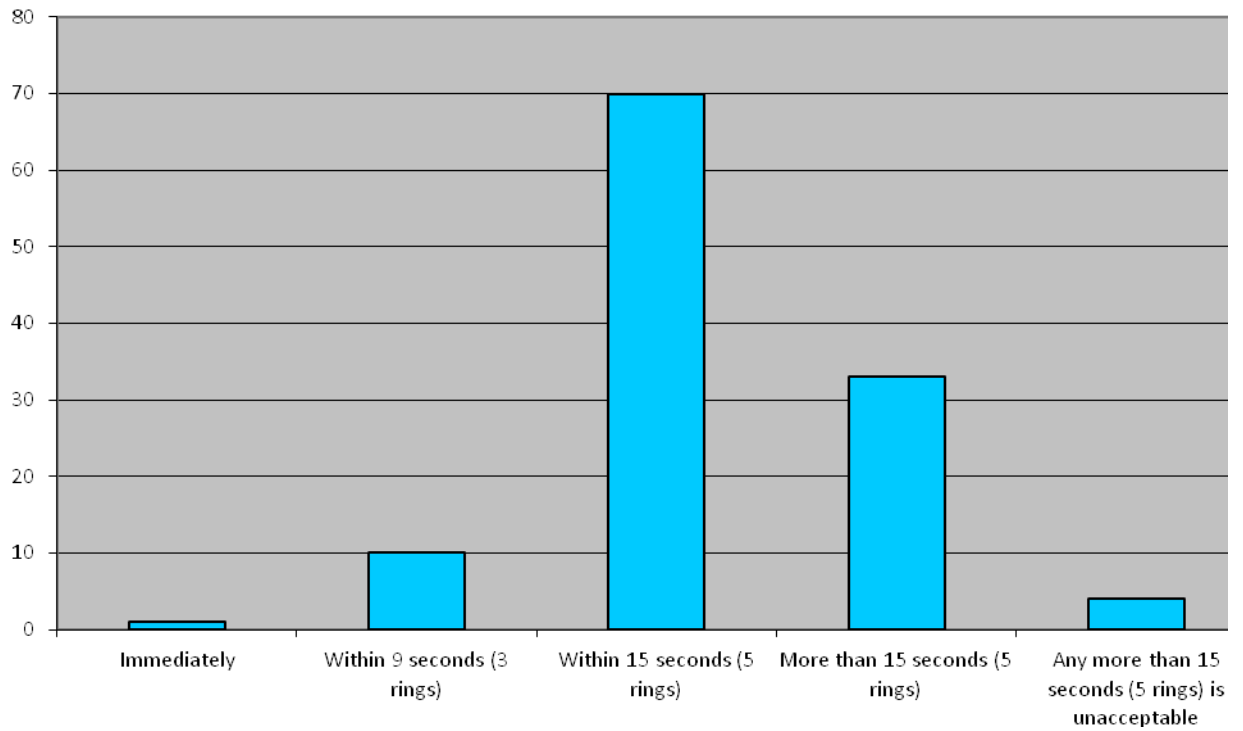
The following information has been shared with patients.



Responses by branch



How quickly do you feel your telephone call should be answered



From the above response rate, it is clear that not everyone from the PRG responded to the survey/questionnaires.



In November, we advertised two quarterly review meetings to be held in January of 2012, to all our PRG representatives as well as the wider community of patients. The PRG were contacted electronically or via the post and the meetings were advertised on our website, through the Patient Participation notice boards in the branches and via our plasma screens in branches. The meetings were being held in our two larger branches, geographically located either side of the A64, and on two different dates, on an evening. By adopting this strategy we felt we would attract more patients to attend.

Unfortunately, we had no attendance from patients or representatives of the PRG, for either event and as a result we determined that we should speak with some patients randomly selected from the PRG, to understand their non-attendance. The response was non-conclusive, however, for our future review meetings, we have determined to alternative the meeting around the branches i.e. one branch per quarters, as well as alternating the time of day they are held. We are also considering advertising the 'event' on prescriptions, to raise the awareness further, along with using local community notice boards.

The final action plan was determined by the Practice staff, but was also further issued around PRG and patients who were asked for feedback. Only feedback received was from one patient who is happy to help us to improve our notice boards in branches.

The action points agreed are as follows:

- We are commencing development of our website and will have a dedicated Patient's Area, including a specific area for teens and young adults.
  - We are attempting to attract this group into helping us to develop this area, through a poster campaign in the branches and also by changing our strategy for collecting email addresses and permission to 'talk' with patients, when they register as a new patient with us.
- We will be improving our notice boards and our communication with patients in general, to ensure that current and relevant information is readily available in the reception/waiting rooms.
- We will be reviewing our Practice name, as the use of 'Strensall Medical Practice' appears no longer relevant.
- We will be reviewing our appointment system to ensure that appointments are used appropriately and that we reduce the number of DNAs (Did Not Attend).
- We will be reviewing our telephony system to make it easier for patients to access the surgery, book appointment or check results.

## **Practice Opening Hours:**

### ***Strensall Branch Surgery:***

- Monday: 8am till 7.30pm
- Tuesday to Friday: 8am till 6pm
- Saturday: 8:30am till 10:30am

(NB the Strensall Branch Reception and Dispensary remain open over the lunchtime period)

### ***Stamford Bridge Branch Surgery:***

- Monday to Wednesday: 8.30am till 6pm
- Thursday: 8:30am till 7:30pm
- Friday: 8.30am till 6pm

(NB Stamford Bridge Branch Surgery is closed 12:15pm till 1:45pm every day)

### ***Huntington Branch Surgery:***

- Monday to Friday: 8:30am till 6pm

(NB Huntington Branch Surgery is closed 12:15pm till 1:45pm every day)

### ***Dunnington Branch Surgery:***

- Monday, Tuesday and Thursday: 8:30am till 6pm
- Wednesday and Friday: 8:30am till 12midday

(NB Dunnington Branch Surgery is closed 12:15 till 1:45pm Monday, Tuesday and Thursday)

## **Extended Opening Hours:**

As some of our patients find it difficult to attend daytime sessions during the working week, we now provide a number of **pre-bookable appointments** on Monday evenings and Saturday mornings at Strensall Branch Surgery and Thursday evenings at Stamford Bridge Branch Surgery. (Please see opening times above.) These appointments can be booked by contacting the surgery during normal working hours.