

# LOVEMEAD GROUP PRACTICE PATIENT PARTICIPATION GROUP YEARLY REPORT 2011-12

## Introduction

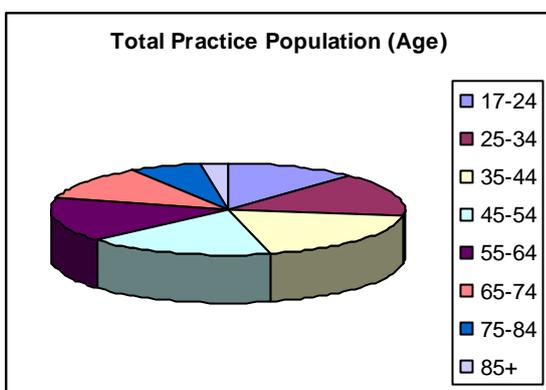
The Lovemead Group Practice Patient Participation Group was formed in June 2011. The practice had run a successful patient group in the past with meetings held in the surgery, however, attendance at the meetings had been dwindling and membership of this group did not fully reflect the age/sex and ethnicity demographic of the practice population.

To try to encourage membership from a wider range of our patient demographic we decided to adopt a "virtual" group for the future, utilising email contact and hoped this would allow members to help us at a time that suited them without the need to attend meetings.

The first step was to contact our existing patient group members and invite them to join us in this new group. The majority were happy with this approach, but a few did not have internet access at home and we agreed that we could contact them by post or telephone.

Our current practice population demographics are as follows:

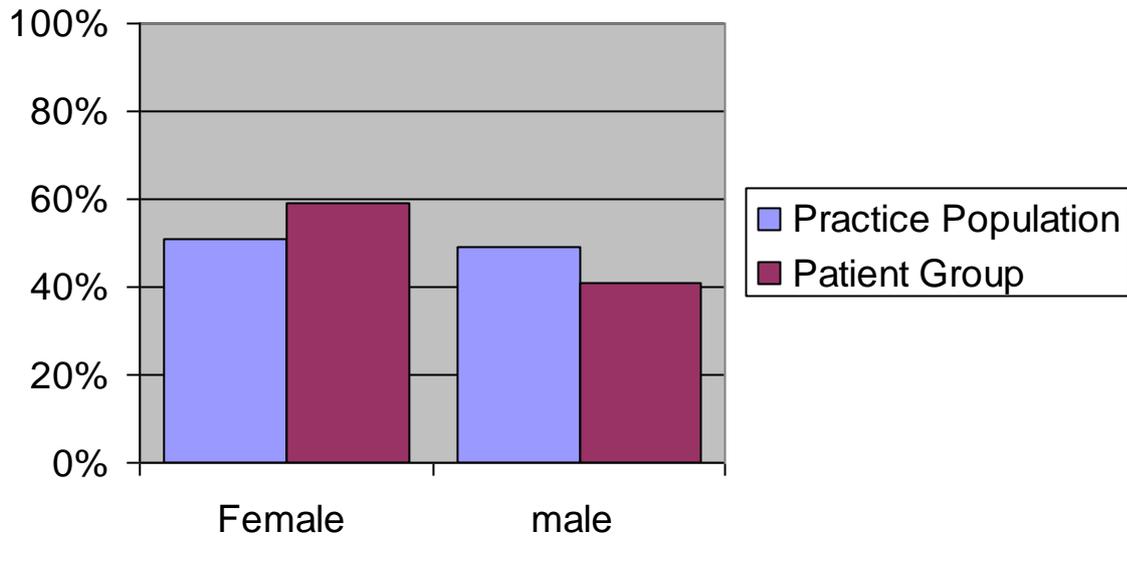
Total Practice Population as at 1.3.12	Percentage	Group Percentage
17-24	9%	3%
25-34	12%	2%
35-44	14%	4%
45-54	13%	15%
55-64	12%	24%
65-74	9%	27%
75-84	5%	21%
85+	2%	3%



Age/Sex Ratio = Female 50.9%  
Patient Group = Female 59%

Male 49.1%  
Male 41%

## Male/Female Ratio of Practice Population and Group



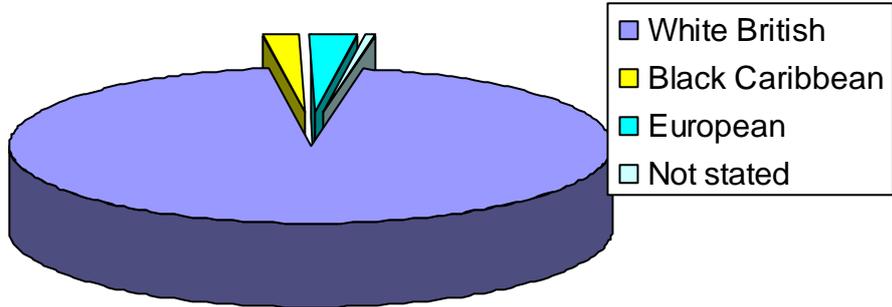
It is difficult to quote accurate ethnicity figures for the practice as we have only been collecting these for the last 5 years. The influx of eastern Europeans in the early 2000s is not covered by the census results from 2001 and we have seen numbers reducing recently with people returning to their country of origin. At one stage our European population was over 16% of our practice population.

<b>White</b>					
British	83%	Irish	0.5%	European	5%
<b>Mixed</b>					
White & Black Caribbean	0.4%	White & Black African	0.2%	White & Asian	0.1%
<b>Asian or Asian British</b>					
Indian	1%	Pakistani	2%	Bangladeshi	1%
<b>Black or Black British</b>					
Caribbean	3%	African	1%		
<b>Chinese or other ethnic Group</b>					
Chinese	1%	Other	1%		

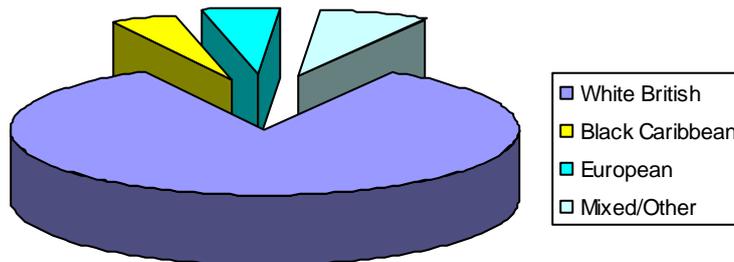
We were keen to engage with all aspects of the community, extending membership both in terms of age groups and ethnicities in order for the group to be representative. Our membership is as follows:

- 95% White British
- 2% Black Caribbean
- 2.5% European
- 0.5% Not stated

### Group Ethnicity



### Practice Ethnicity



## Recruitment

Recruitment to the group began in earnest in June 2011. Having identified that our original group was not representative of our practice population we looked to address this.

The use of a "virtual" on-line group was the first step towards. By allowing members to contribute at a time convenient to them rather than the need to attend meetings was felt to be a first step. Over 80% of the population in the area has been identified as having access to the internet and we were keen to use this resource.

To appeal to the widest level of our practice population the recruitment process was as follows:

1. leaflets and flyers available to complete within the practice
2. posters and displays on the surgery noticeboards (the posters were translated into Polish)
3. translation of posters sent to local Polish shop in town for displaying
4. flyers attached to repeat prescription slips
5. flyers circulated with influenza vaccination invitations
6. advertising on our Jayex board in the surgery waiting room
7. half page advertisement within the Trowbridge Magazine (in conjunction with the other practices in the town). The magazine is distributed to every household in Trowbridge.
8. links available on the surgery website where membership forms could be downloaded.
9. the creation of a Facebook and Twitter page for the practice.

Recruitment remains ongoing, but currently our membership stands at 136. This is almost 3 times as many members of our original patient group and includes members from a wider age group and ethnicities.

We accept that our group does not fully represent the practice population age/sex and ethnicity. The use of Facebook and Twitter was designed to appeal to the younger population who use these applications. Some of our attempts at recruitment have been less successful than others. The advertisement in the Trowbridge Magazine was felt by us to be a very good method to reach our entire practice population; the advert was eye catching and included a young woman to try to appeal to this demographic. The advert unfortunately generated only 1 membership request.

We feel that our membership has representation from a cross section of the community, but we would keen to engage further with our younger population.

### Development of Survey

When looking for a priority area to address we wanted to look at an area that would be of interest to our patients as well as being relevant for the practice. We looked at the results of last year's GPAQ survey to look for trends and themes. We also looked at last year's complaints audit. Our current telephone system was felt to be an area of concern and in particular call charges for our patients. We are currently nearing the end of our current telephone contract as well.

This was discussed and agreed by the practice.

The next step was to develop the questionnaire. Having looked at the comments made by patients we asked staff to contribute ideas for suitable questions and the survey comments and complaints were used as a basis for this.

We wanted to know what people think of our current telephone system; how they feel about the ease of use, the cost and the service they receive. We then wanted to know what they would like to see in a telephone service provided by the surgery.

Once the survey questions were agreed, we then created an online survey using Survey Monkey software. This would enable patients to complete this at a time convenient to them and then the results could be collated using the software.

Distribution of the questionnaire was handled by email. It is important to us to protect our patients' privacy and so individual emails were sent rather than one to the entire group. Our patient group members were sent a link to complete the questionnaire and the results would be sent back electronically to the practice.

Our Facebook members and Twitter followers were also sent a link to contribute to the survey.

Patients who do not have access to the computer were sent a printout of the survey and then asked to return this to the practice. Once we had received this printout back, these results were then added electronically to the survey results.

The survey was open to the public for 3 months. We emailed reminders to those patients who had not responded. Only 2 patients sent back a refusal to contribute.

We received 93 completed surveys which is a response rate of nearly 70%. We were delighted with the response we received and very thankful to our patients for taking the time to complete the survey.

### Survey Results

The survey results were very enlightening. A summary of the results is below:

94% of patients surveyed had telephoned the surgery in the previous 6 months.

- 76% had telephoned to make an appointment
- 6% had telephoned for test results
- 10% had telephoned to speak to the doctor
- 4% had telephoned with an enquiry
- And 4% had another reason for telephone

Over 60% of those completing the questionnaire had felt that when they called their call had been answered promptly.

We then tried to find out what was important to our patients when calling the practice

- 55% felt it was the cost of the call
- 44% felt it was the time they were on the telephone
- 73% felt that using a local number was most important to them
- 84% wanted to speak to a real person and not an automated service

We then asked our patient group about when telephone lines are busy and whether they would prefer to have an engaged tone or be placed in a queue.

87% of those responding said they would prefer to be in queue rather than hearing an engaged tone.

We then asked our patients about our current telephone system and their level of satisfaction with it.

- 60% were satisfied with its ease of use
- 38% were satisfied with our speed of response to their call
- 26% were dissatisfied with the cost of the call
- 60% were satisfied with the clarity of messages

The final question asked for feedback on what our patients would be looking for in a new telephone system and this allowed for them to answer in their own words. The feedback from this was extensive.

The main request from this question was for the surgery to introduce a local number that would be included in call packages offered by BT and Virgin etc, thereby making the call to the practice free of charge. The patients responding said they were happy to be in a queuing system, but wanted to be answered quickly. Some responders said they were happy with our current system.

The survey results were discussed within the partnership at meetings and feedback sought. Once we had had a chance to discuss the results, they were then circulated to the patient group.

Once we had received the feedback, we then developed our action plan.

## **ACTION PLAN FOR TELEPHONE SURVEY**

1. the practice will look to install a new telephone system (when the current contract expires) that allows patients to use a local 01225 number to contact the practice
2. the practice will continue to offer a queuing system for patients when they call the practice using option choices for different departments, but the messages will be kept to a minimum allowing contact with a member of staff at the earliest opportunity
3. for patients queuing, allow messages which indicate their position in the queue or how long they are likely to be queuing for.
4. messages from the practice will only be included for the patient while they are on hold and waiting to be connected
5. We will look to extend the opportunities for patients to book online and increase the number of appointments available. We will run a promotion to increase the number of patients able to use this facility.

All of the above is dependent on costing beings acceptable to the partnership.

This action plan was circulated by email to our patients for feedback. This indicated that the group supported the action plan and welcomed the possibility of a return to a local number. We received a great deal of thanks from the group for listening to them too.

We are currently in negotiation with telephone providers to look at the installation of a new telephone system within the practice and hope to finalise arrangements for this in the near future.

#### Practice Opening Hours

Monday	8.30am	-	7.30pm (extended hours 6.30pm – 7.30pm)
Tuesday	8.30am	-	6.30pm
Wednesday	8.30am	-	7.30pm (extended hours 6.30pm – 7.30pm)
Thursday	8.30am	-	7.30pm (extended hours 6.30pm – 7.30pm)
Friday	8.30am	-	6.30pm
Saturday	8.30am	-	10.30am (alternate – extended hours)

The reception desk is open for these hours. Our telephone system is available as follows:

Monday to Friday 8.30am – 12.30pm  
2.00pm – 6.00pm