

LOVEMEAD GROUP PRACTICE

PATIENT PARTICIPATION GROUP

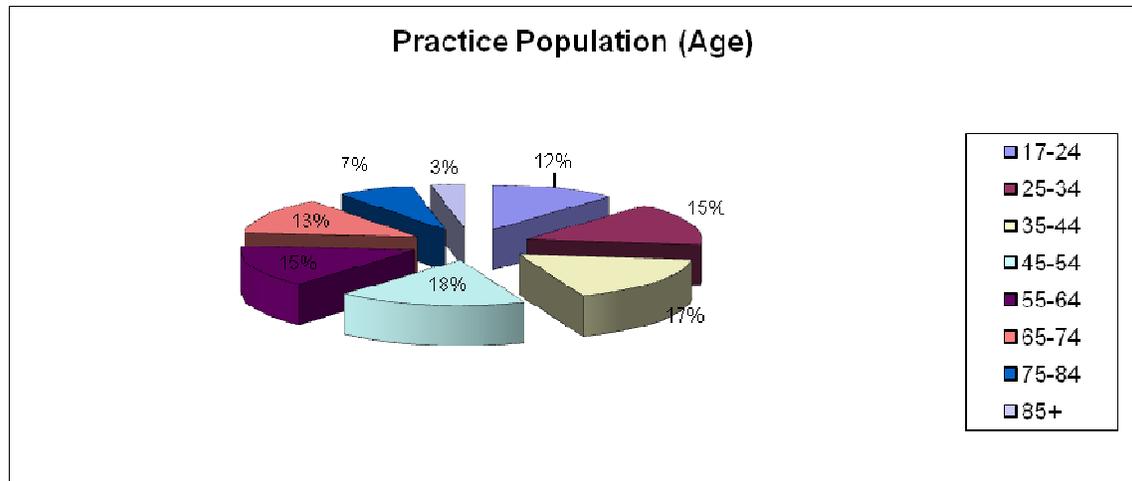
YEAR END REPORT 2012/13

Introduction

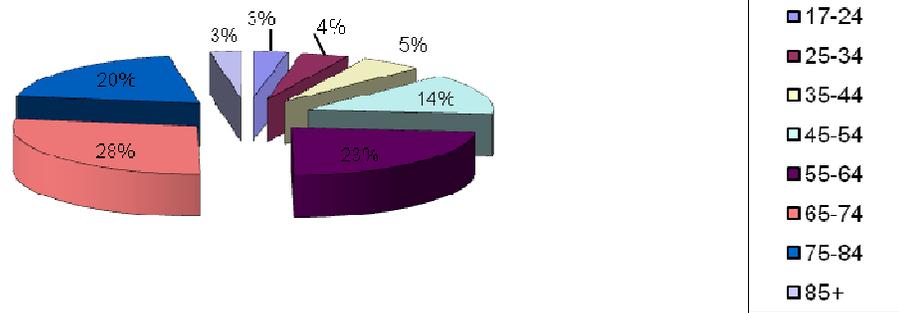
The Lovemead Group Practice Participation Group was formed in June 2011. This group was formed from our established patient group and to encourage membership from a wider range of our patient demographic we introduced a “virtual” group utilising email contact and social media. Members without internet access were not excluded and contributed by letter or telephone.

Our current practice population demographics are as follows:

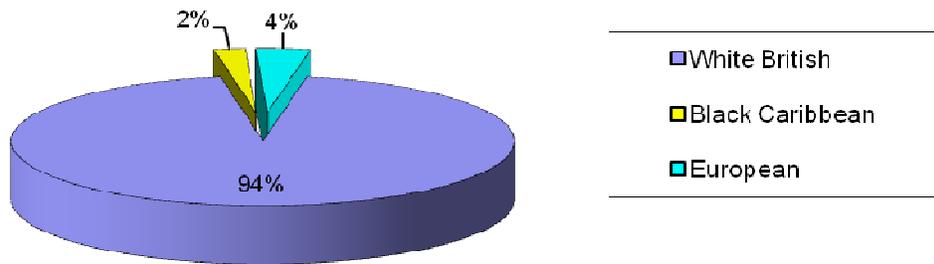
Total Practice Population Age Range	Percentage	Group Percentage
17-24	9%	2%
25-34	12%	4%
35-44	14%	6%
45-54	14%	14%
55-64	12%	23%
65-74	11%	27%
75-84	6%	20%
85+	3%	3%



### Practice Population (Group Age)



### Group Ethnicity



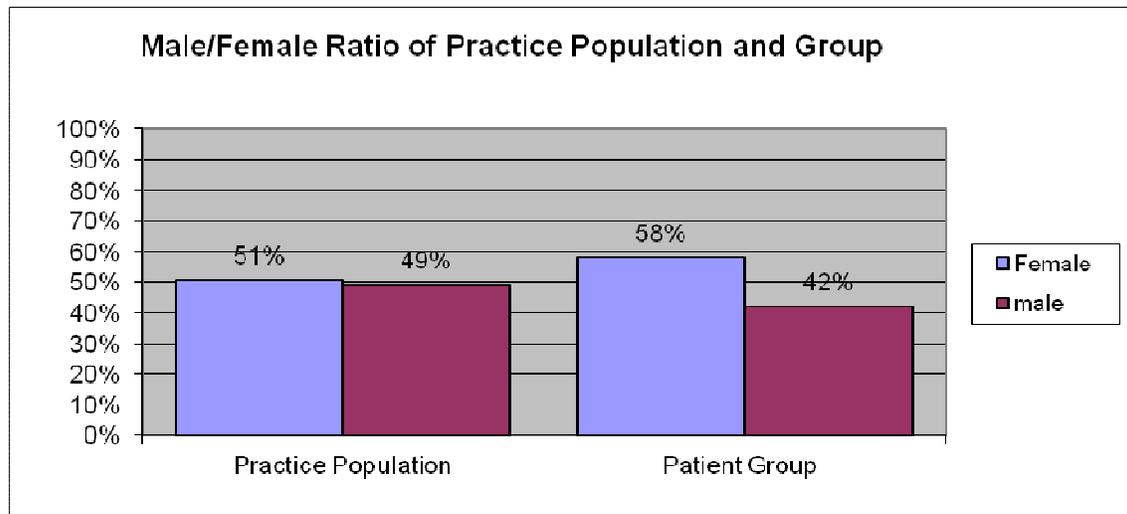
### Practice Ethnicity



We have now been collecting ethnicity information for 6 years – and now have data for over 50% of our patient list. Our list size is still going rapidly and we are still registering large numbers of patients from Eastern Europe, although this is not increasing as there are also a large number of patients returning to their country of origin.

Age/Sex Ratio = Female 51% Male 49%

Patient Group = Female 58% Male 42%



### Membership/Recruitment

With our group already established we continued to recruit patients to join in the intervening period. A few members left the group as they had left our surgery list and we managed to recruit an additional 23 patients. Our current group membership stands at 147. We also have nearly 60 “likes” on our Facebook page. Twitter followers stand at 7.

The use of a “virtual” group has been very successful with members being able to contribute at a time convenient to them rather than needing to attend meetings.

We have received a few requests from members for a return to occasional face to face meetings here at the practice and this is currently being reviewed.

Recruitment continued as last year with:

- Leaflets and flyers available to complete within the practice
- Posters and displays on surgery noticeboards
- Translation of posters sent to local Polish shops in town for displaying
- Advertising on our Jayex board in the surgery waiting room
- Links available on the surgery website where membership forms were available

- We also introduced a form to our registration packs for new patients when they joined us.

Our group continues to not fully reflect the practice population age/sex and ethnicity. We have managed to recruit a few younger members, but do feel that our group has representation from a cross section of the community.

### Development of Survey

We found the results from our patient survey 2011/12 very helpful and instrumental in implementing our new telephone system which was installed in June 2012. This process worked very smoothly and the feedback we received from the patient group was very positive.

We were keen to find a new priority area to address for this year and contacted our group for suggestions. We received a large amount of feedback to this, but in general there were a lot of issues around reception and our waiting room. Having looked at our complaints audit this seemed to be a consistent theme. This was agreed to be our priority area for 2012/13.

The next step was to develop the questionnaire. We looked at the comments made by our patients and discussed this with staff to develop suitable questions to form the basis of our survey.

We wanted to know what patients thought about their experience before they got to see a clinician, how they felt at reception, the ambience of the waiting room and what we could do to improve their visit.

Once the survey questions were agreed, we then created an online survey using Survey Monkey. This had been a successful tool last year with our survey. Patients are able to enter their answers and views at a time convenient to them and then the results are collated by the software for us to produce a report.

We emailed the group in the autumn of 2012. Individual emails were sent out to protect our patients' privacy as before and the group were sent a link to complete the questionnaire and the results are then sent back electronically via the internet to the practice. Links were also set up on our Facebook and Twitter pages for group members to use.

For our members without internet access a printout of the survey was sent by mail to them. Once we received these forms back the results were added electronically to the survey.

The survey was open for 2 months to the public. Email reminders were sent to those patients who did not respond and 108 responses were received, a response rate of 73%.

We were delighted with the level of response we received and grateful to our patients for taking the time to respond.

### Survey Results

The survey results were very interesting and helpful. A summary of the results is below:

96% of patients surveyed had visited the surgery in the last 6 months.

We asked how they rated our reception desk.

- 42% felt that the check-in screen at reception was excellent
- 32% of patients felt that our queuing system was good with 29% feeling it was average
- 32% thought that our display boards and notices were very good

We then asked how they rated the waiting room.

Looking at the highest score for each category, the results are as follows:

- Seating – 38.7% felt this was good
- Lighting – 41.1% rated this as good
- Temperature – 46.7% rated this as good
- Notice boards – 40% felt these were good.
- Cleanliness was felt to be good by 42.9% of respondents
- Books and magazines were rated as poor by 39.4%
- The television information screen was rated good by 38%
- Toilet/baby changing facilities were rated good by 50%
- The Jayex patient call board screen – 39.4% rated this as very good.

Comments based on this question brought up the need for an improvement in reading material and the need to remind patients to switch off their mobile phones while waiting. Some patients suggested placing a clock in the waiting room and also providing some higher chairs with arms for elderly patients. There were also several requests for a water fountain or drinks dispenser to be installed in the waiting room.

We asked our patient group about the television screen in the waiting room. This was felt to be helpful to 56.4% of those responding.

With regards to other information provided on the television screen, requests were made for more information regarding Trowbridge, groups and other information, carers support etc, together with news and weather information. There was also a request to reduce the amount of advertising displayed.

Next we asked about having more notice boards in the waiting room. Over 72% of respondents responded no to this question.

Final comments brought a lot of suggestions. These included the request of automatic opening doors at reception, difficulties using the check in screen if there are lots of patients at the desk, issues with the parking, speaking confidentially at the front desk and also concern on whether we will act on patient's suggestions.

This was coupled with lots of positive praise of staff (and a couple of grumbles) and gratitude for help provided by the team.

The survey results were circulated to the entire practice team and discussed and feedback sought. Once we had had a chance to discuss the results we then forwarded them to the patient group for their feedback.

With the feedback received, we then developed our action plan.

1. The practice will look at improving the quality of reading material in the waiting room by speaking to local newsagents/supermarkets to see if they can provide us with magazines etc (at reduced cost) and also contacting local publications for supplies to distribute in the waiting room.
2. The practice will look at Installation of new automatic doors at reception for easier access for patients.
3. We would explore the possibility of moving our check-in screen from the front desk to a secure location which is easier for patients to access.
4. We would purchase a clock for the waiting room.
5. The practice would discuss the television screen with the company who provides this to request the inclusion of local information and news headlines. Advertisements contribute towards the cost of the screen so unfortunately cannot be removed.
6. Posters will be displayed reminding patients to switch off their mobile phones while in the surgery.
7. We would obtain costs for providing high backed and armed chairs for patients to use in the waiting room.
8. Investigate installation of a water fountain in the waiting room.

All this would be dependent on costings being acceptable to the partnership.

This action plan was circulated to the group for feedback and overwhelming support was received for this.

Item 2 of the list has already been completed (with financial support received in the form of a grant from the PCT). Other items will be addressed in the spring.

We are grateful to our patient group for their help with this survey and for their feedback and input. This method of communicating with our patients is working well.

#### 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 during these hours. Our telephone system is available as follows:

Monday to Friday 8.00am – 12.30pm and 2.00pm – 6.30pm.

Suzanne Petty  
Administration Manager  
Lovemead Group Practice  
March 2013