

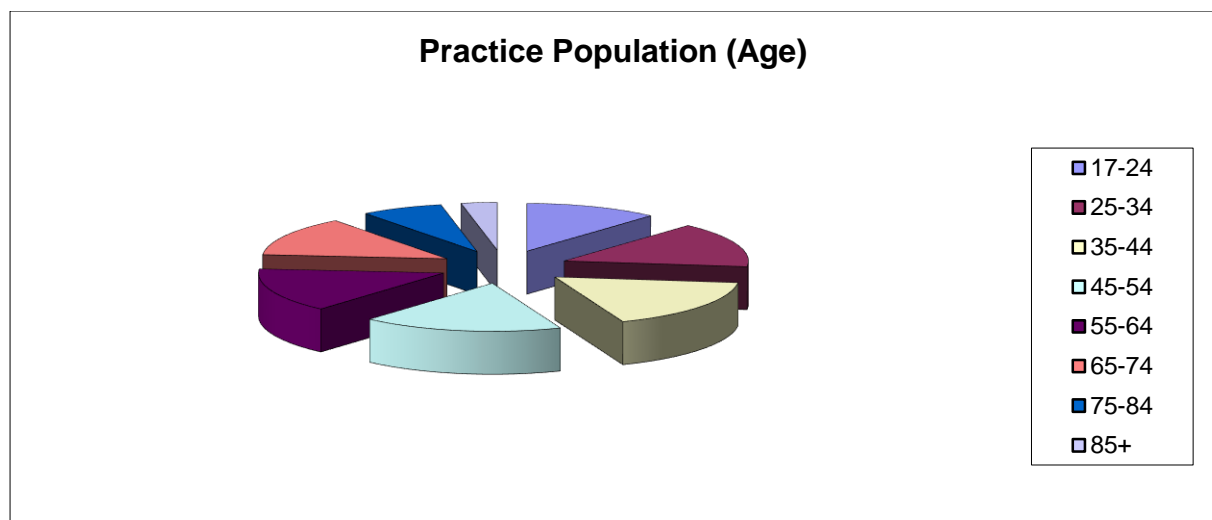
LOVEMEAD GROUP PRACTICE
PATIENT PARTICIPATION GROUP
YEAR END REPORT 2013/14

Introduction

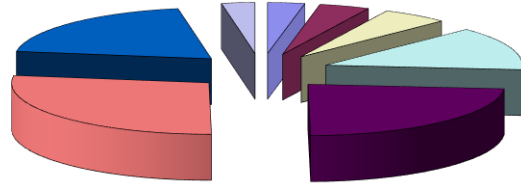
The Lovemead Group Practice Participation Group was formed in June 2011. This group was originally formed from our established patient group. We wished to encourage membership from a wider range of our patient demographic so introduced a “virtual” group using email contact and social media. Members without internet access have not been excluded and can contribute by letter or telephone.

Our current practice population demographics are as follows:

Total Practice Population Age Range	Percentage	Group Percentage
17-24	8%	2%
25-34	13%	4%
35-44	14%	6%
45-54	15%	14%
55-64	12%	23%
65-74	11%	27%
75-84	7%	20%
85+	3%	3%

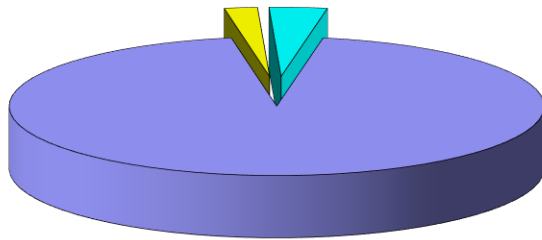


Practice Population (Group Age)



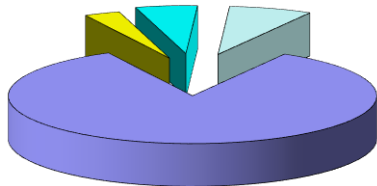
- 17-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75-84
- 85+

Group Ethnicity



- White British
- Black Caribbean
- European

Practice Ethnicity

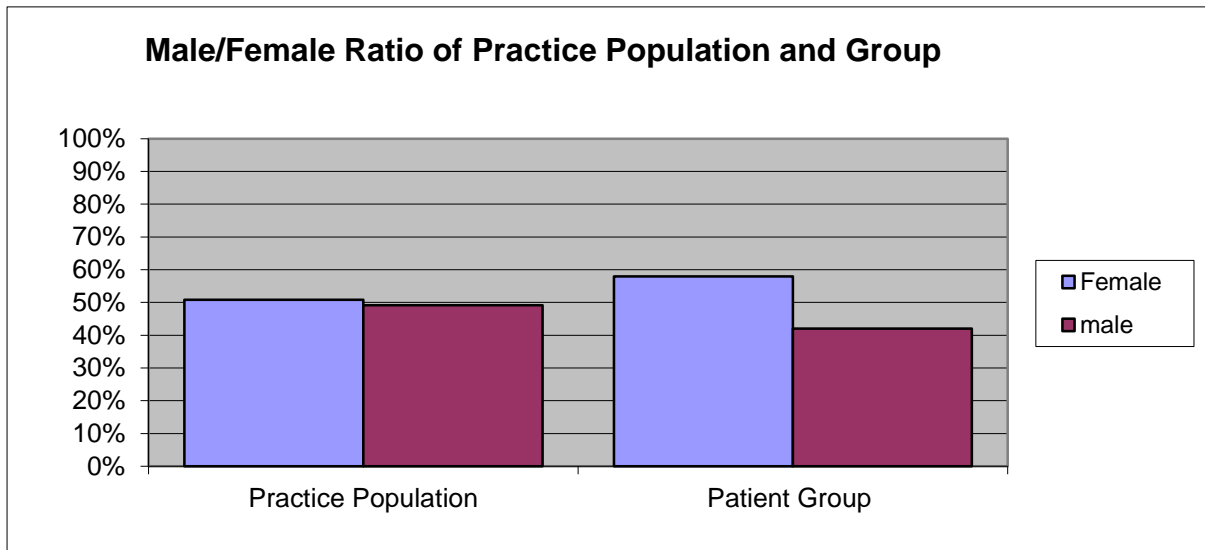


- White British
- Black Caribbean
- European
- Mixed/Other

We have now been collecting ethnicity information for 7 years – and now have data for over 55% of our patient list. Our list size is still growing rapidly.

Age/Sex Ratio = Female 51% Male 49%

Patient Group = Female 57% Male 43%



Membership/Recruitment

Our group has now been established for some time, and we continue to try to recruit patients to join. We have recruited 11 new members in the last 12 months. With some patients having left our surgery list our current membership stands at 142. We have increased the number of “likes” on our Facebook page and our Twitter followers.

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 requests to hold meetings within the surgery but unfortunately due to pressures of work, so far, we have not been able to do this. This is something we will consider in the future.

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 member and do feel that our group has representation from a cross section of the community.

Development of Survey

During the early part of this year we invited patients on our group to provide possible areas which we could address in this year's survey. We had several responses, but no clear indication of an area to concentrate on.

During the first part of 2013 we had an increase in the number of complaints about our reception staff and decided that this would be a useful area of look at. This was agreed to be our priority area for 2013/14.

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 either at the desk or on the telephone and whether staff were helpful and were patients satisfied with their contact with either administrative or reception staff.

This year our website provider helped us develop the questionnaire, circulate it to our members and collate the results. They were able to offer us a confidential service and an excellent report.

We emailed the group at the end of the winter. Individual emails were sent out to protect our patients' privacy as before and the group were sent a link to complete the questionnaire. 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 6 weeks to the public. Reminders were sent to those patients who did not respond and 83 responses were received, a response rate of 58%. We were pleased 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:

We began by asking our patients if they have telephoned the surgery in the previous 6 months

90% of patients surveyed had done this.

- 20% had found this very easy
- 49% had found this fairly easy
- 16% had found this easy
- 11% had found this not very easy
- 2% had found this not at all easy
- 1% did not know
- And 1% had not tried.

We also asked our patients if they had spoken face to face with a receptionist at the desk in the last 6 months. 85% of patients surveyed had done this.

We then asked how helpful had the patients found the receptionists?

- 51% had found them very helpful
- 27% fairly helpful
- 14% helpful
- 5% not very helpful
- 4% had not tried.

We then asked about the action the receptionist had taken if there were not able to help with the query.

- 39% redirected the call to a colleague
- 17% asked the patient to call back
- 29% offered to take a message and then called back later
- 15% asked for help from their supervisor.

This question was useful to look at how calls are handled within the practice and how patients had been dealt with.

We then asked our patient group about whether the member of staff had been wearing a badge or had identified themselves during the telephone call. 52% of those responding confirmed this and 34% did not know.

The final question asked for feedback on whether the patients surveyed were happy with the outcome of their call or enquiry. 91% said yes with 9% saying no.

Comments made on the survey included:

- A dislike of being asked medical questions by non-medical staff
- Difficulties obtaining an appointment
- More privacy required at the front desk
- Moving the self check-in monitor from the front desk to a more accessible location
- More of a welcome required at the desk
- Increase staffing levels at the desk at busy times
- As well as some positive feedback on staff at the practice!

The survey results were circulated to the practice team and discussed with the receptionists and feedback sought. Once we had had a chance to discuss the results they were then uploaded to our website for feedback.

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

1. Look at re-designing the front desk to allow the self-check-in screen to be moved away to a more convenient and accessible location.
2. Provide more customer service training for reception and administrative staff to increase their skills
3. Offer the use of the side room at reception more readily to patients wishing to discuss private matters
4. Look at the appointment system to see if there are ways to improve access to appropriate appointments with the use of a triage service to reduce the need for medical questions being asked by non-medical staff
5. Look at staffing levels to maximise the level of staff available at busiest times

All of the above being dependent on costings being acceptable to the partnership.

The action plan was uploaded to our website for feedback. Patients who responded were supportive of this plan.

Item 1 has been raised from a previous survey and will be a priority area with a computer engineer already arranged to provide costings for cabling to move the check-in screen.

Item 2 of the list has already been completed with a full reception staff training event taking place in March 2014.

Item 4 is being addressed by the partners in May/June of this year. The other items are due to be looked at in the spring of 2014.

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 8.00am – 7.30pm (extended hours 6.30pm – 7.30pm)

Tuesday 8.00am – 6.30pm

Wednesday 8.00am – 7.30pm (extended hours 6.30pm- 7.30pm)

Thursday 8.00am – 7.30pm (extended hours 6.30pm – 7.30pm)

Friday 8.00am – 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.

The practice website is www.roundstonesurgery.co.uk. Links are also available from our Facebook and Twitter pages.

Suzanne Petty
Administration Manager
Lovemead Group Practice
March 2014