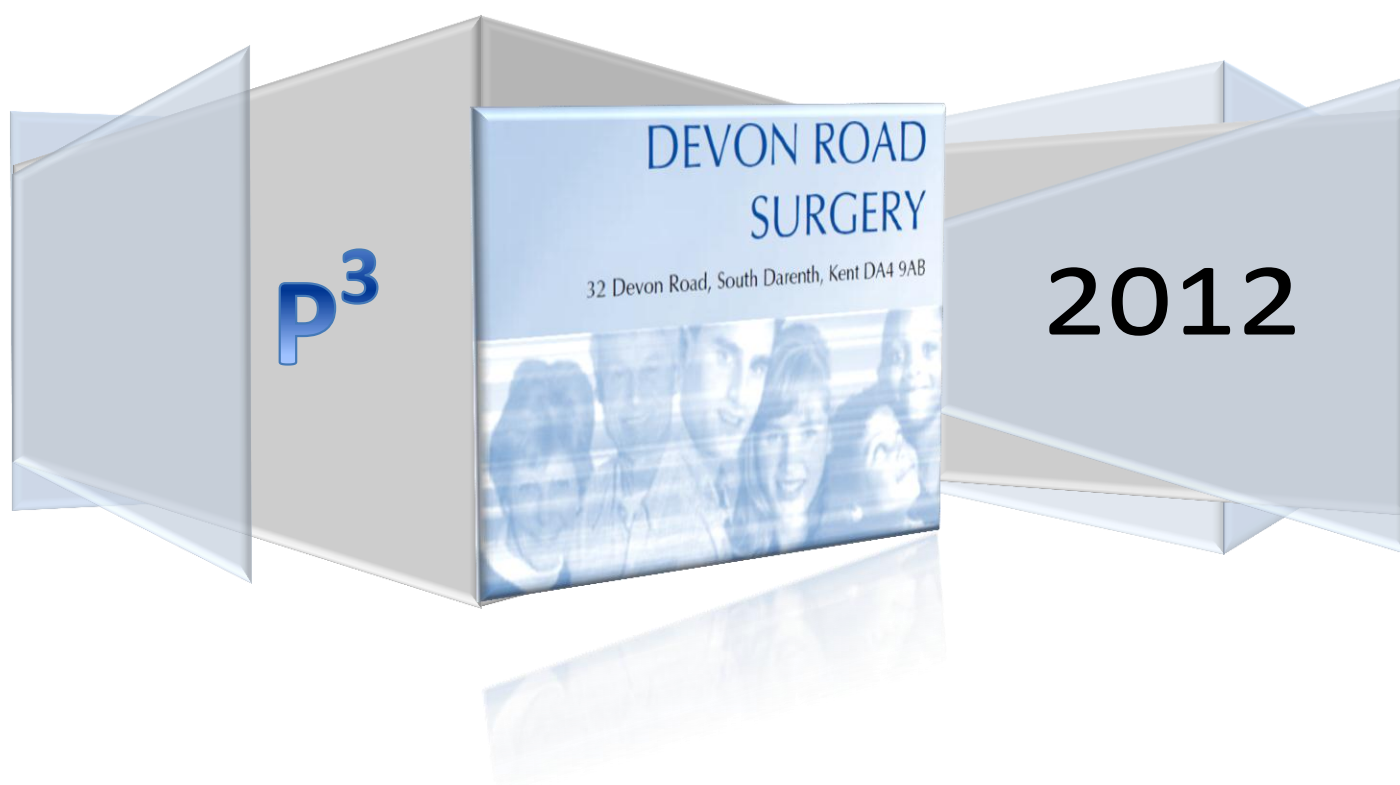


PATIENT PARTICIPATION GROUP

PATIENT EXPERIENCE SURVEY REPORT



Published 31 March 2012

Contents

1.0 Introduction

2.0 Summary of findings

3.0 Background

4.0 Survey results

4.1 Sample population overview.

4.2 Information awareness and service satisfaction results

4.3 Open question results

Core Patient Participation Group

N Machin.

B Westcott

S Bannayi

J Strickland

P Coleman

S Gee

P Sansom

1.0 Introduction

The Devon Road Patient Participation Group (DRPPG) (the Group) was established on 9 January 2012 in compliance with the Primary Medical Service (Directed Enhanced Services) (England) Directions 2011 (DES Directions).

The key purpose of Patient Participation DES is to ensure that patients are involved in decisions about the range and quality of services provided and, over time, commissioned by their practice.

The quality of the “patient experience” is not exclusively about clinical outcomes, it is significantly influenced by the physical ambience of the premises and the attitude and behaviour of any staff that they interact with during their relationship with the practice.

One of the tasks that the DRPPG is charged with is obtaining the views of patients about aspects of the services provided by the practice and feeding this information back to the practice to enable it to pursue a policy of “excellence of service” in its widest context.

The practice should aim to provide the highest quality of patient experience by building on what it does well and improving those areas which prejudice the pursuit of service excellence.

The DRPPG sought to obtain patients’ views by way of a survey carried out during January and February 2012; this report contains the results of the survey and the recommendations made therefrom.

This is the first occasion that the DRPPG has conducted a survey to canvas views about the practice, such surveys will be an on-going activity and subsequent surveys will build on the findings and lessons learned from each preceding survey.

As a starting point the Group decided that it would focus the initial survey on the aspects of information and means of communication, practice facilities and a general assessment of patient satisfaction with the practice team.

2.0 Summary of findings

There is large amount of information which has been collected with many specific and general comments and suggestions, the summary findings and given below are intended to set out a means of further using that data in developing the practice.

1 Overall the clinical aspects of the practice obtained a high satisfaction score of over 90%, however, the practice facilities, and administration rated as circa 70% good.

2 The main areas for concern are the lack of privacy in the reception area and the attitude of reception and dispensary staff.

3 Whilst the appointment booking arrangement works quite well, concerns were expressed about telephone congestion at some peak times and there are issues about reception staff dealing with telephone incoming and patients standing at the reception desk.

4 Patients valued the ability to see one's own doctor along with the telephone consultation facility.

These summary findings along with the detailed data collected will form the basis for discussion in developing the practice action plan.

It was interesting to note that many respondents expressed an appreciation of the opportunity to make their views and suggestion known to the practice and the members DRPPG wish to express their thanks to those who responded to the survey.

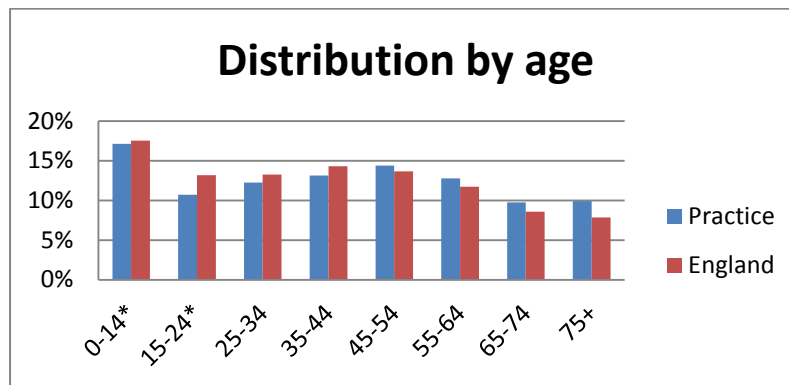
3.0 Background

The Devon Road surgery has a registered practice population of some 6361 people, principally living in the surrounding parishes of Horton Kirby & South Darenth, Sutton at Hone and Hawley.

Health care services¹ are delivered through four Doctors providing 2³/₄ fulltime equivalents, four Practice nursing staff, one Health care assistant and four dispensary staff, the administration and management of the practice is through a Practice manager and seven support staff.

Additionally, the practice provides “visiting Medical Officer” services to the two nursing homes in the patient catchment area.

This patient population is 51% female and 49% male, this is directly comparable to the population of England² of 52.2m with a distribution of 51% female and 49% male.

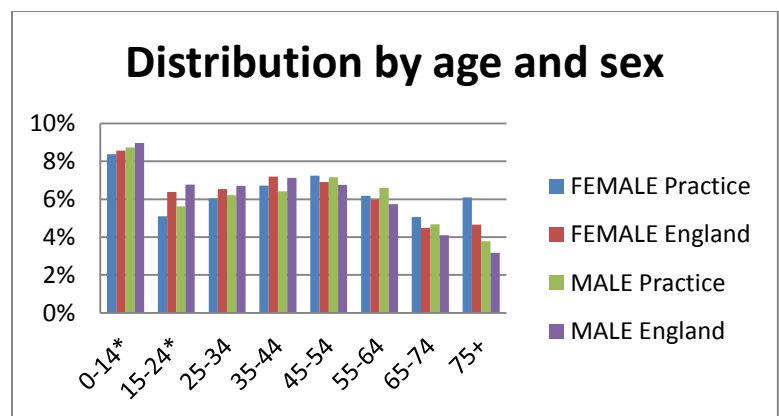


The age distribution is similarly comparable with that for England with the exception of the higher age groups.

*Note: Range 0-14 and 15-24 not exactly comparable as there is 1 year difference in aggregation.

However, more significant variation occurs in the age by sex distributions at the higher age grouping.

The practice has a higher proportion of people over the age of 75 than the England population; this is probably accounted for by the fact that the practice covers 2 nursing homes (92 beds), 1 residential home (27 residents), 2 sheltered accommodations (83 residents) and an over-65's complex (300 residents).



This skew in the age distributions has implications for the weighting of the services provided, and is reflected in the capitation fee.

¹ See website for details

² Source: Mid 2010 Population Estimates: Quinary age & Sex. 21 December 2011 by O of NS.

4.0 Survey Results:

The survey was carried out by asking visitors to the surgery and local chemist shop to complete a survey form; forms were also handed out locally by members of the DRPPG; supplies of forms were provided to the various care and sheltered establishments, district nursing staff were also asked to encourage patients to complete the survey.

The responses reflect people's experiences of the practice as expressed by themselves through the survey.

The survey results fall into two classifications quantitative data i.e. responses to questions Q1, 2, 5 and QD1-4: and qualitative data i.e. responses to the open questions Q3, 4 and part of 5.

The survey results are reported under three headings:

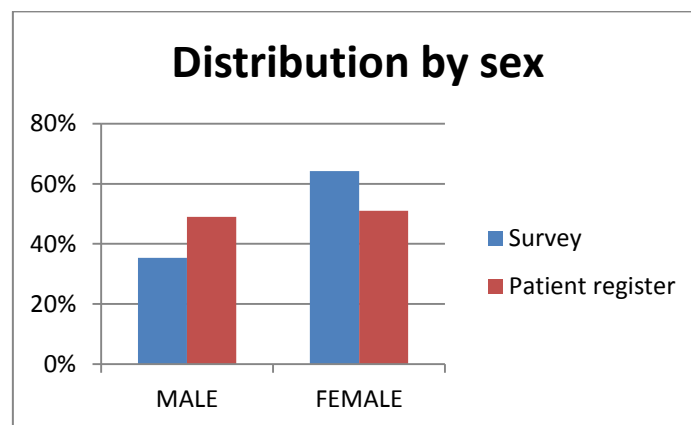
4.1 Sample population overview: this reports the quantitative data as it relates to the survey sample and the total registered patient population.

4.2 Information awareness and service satisfaction results

4.3 Open question results, an analysis of the comments and suggestions.

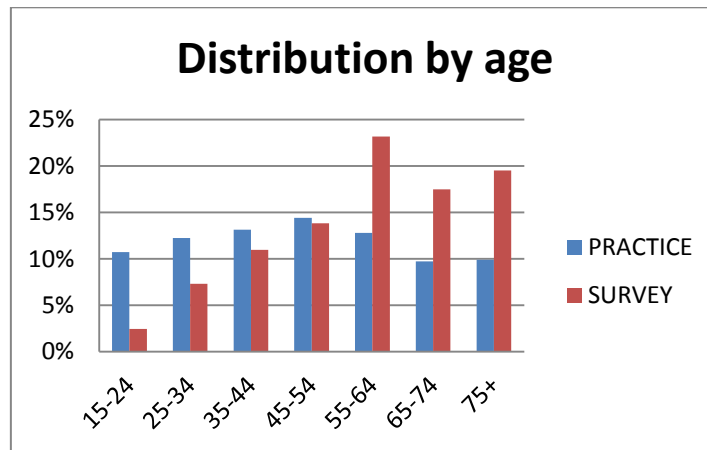
4.1 Sample population overview

A total of 252 completed survey forms were received, of which 6 were spoiled due to insufficiency of completion and were excluded from the final results.



The male (35.5%) to female (64.5%) distribution of the survey sample, when compared with the distribution in the patient population, show a significant skew to females.

When the survey age distributions are compared with the practice register distributions the skew effect is more significant



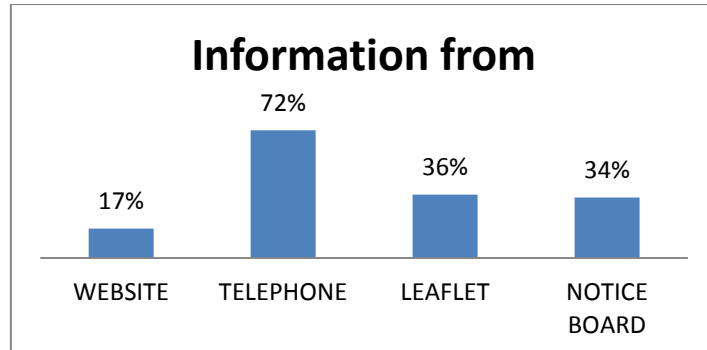
Of those responding 17% said they had children at home under the age of 16, this is comparable to the practice profile and the England profile of 17% and 18% respectively.

43% of respondents considered themselves to have a long standing illness/disability/infirmary.

4. 2 Information awareness and service satisfaction results

This section comprises the quantitative data from questions 1, 2 and 5

Question 1 asked respondents about where they obtained information from about the practice, the results expressed as a % of respondents is as follows:



It is clear from the above that by far the most frequently reported use was the telephone; this probably more reflects its use for making appointments at the surgery rather than specifically obtaining information about what services are available.

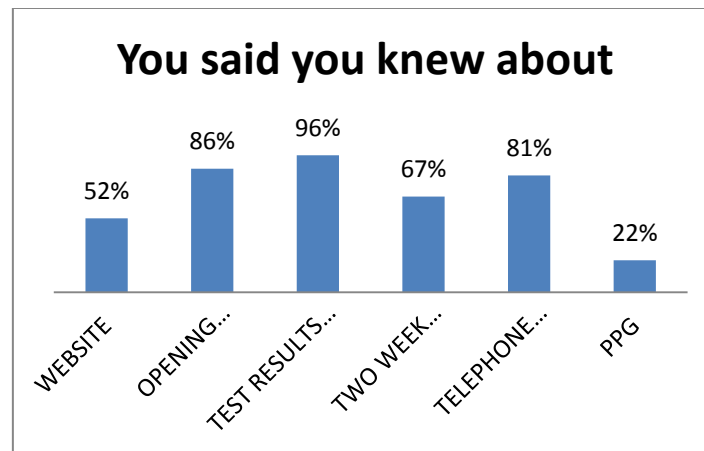
However, it does demonstrate the importance of the telephone as a key contact link and this clearly has implications for the quality of the way that the encounter is managed.

The low incidence use of the website is a stark contrast with the national reported position that 77% of all households in the UK³ have internet access.

³ Source: Office of National Statistics

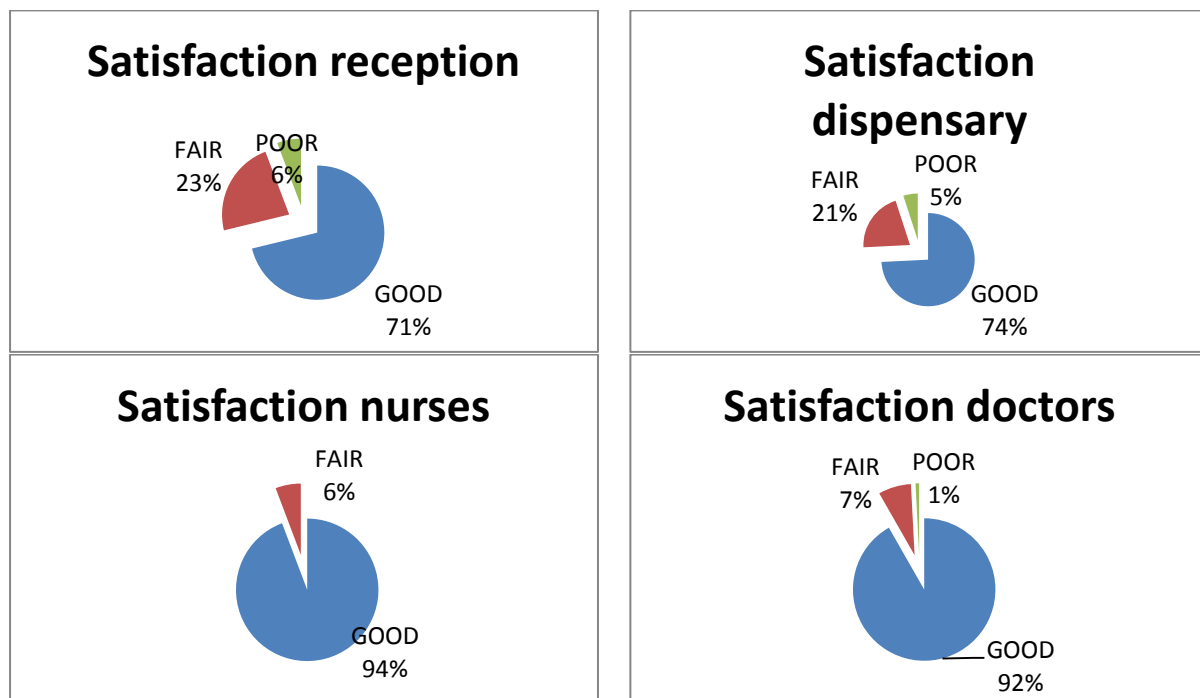
If it is intended that the website, email and text messaging is to be developed interactively low patient usage has significant implications for such development.

Question 2 asked respondents about their awareness information relating to the administration of the practice.



Question 5 asked respondents about their level of satisfaction with the practice team.

In addition to the quantitative responses set out below 13.5% of all respondents' added comments to the open part of Q5, these are dealt with in section 5.3 along with responses to Q3 and Q4.



Note: sample base discounts those responding as no experience

4.3 Open question results

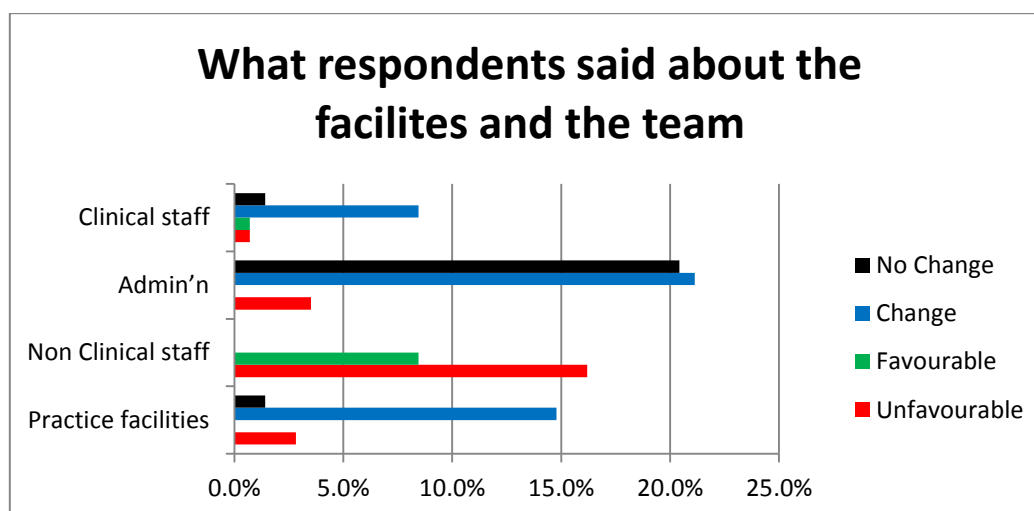
Of the 252 survey respondents circa 1/3 made open responses to Q3 and Q4: circa 1/8 made open responses to Q5, a total of 205 open entries were recorded, of which 170 counted as material comments and suggestions. Those which were not counted were responses such as, e.g. Q3 can't think of any, Q4 not at the moment, all ok and Q5 do not wish to comment.

Respondent's comments broadly followed the order of the questions, however, significant number comments were made in a manner more appropriate to one or more of the other questions, and in some instances responses made specific material proposals whilst others were of a more rhetorical nature, all of which are valid and have been included in the analysis placing them in the most appropriate classification follows:

CLASSIFICATION	DESCRIPTION
Physical facilities (PF)	Building, car park, refreshments, baby changing, on site pharmacy
Non clinical staff (NCS)	Dispensary, reception and support
Administration (A)	Appointments system, telephone, test facilities, payments, hours
Clinical staff (CS)	Doctors and nursing staff

Responses are then rated: in interpreting the text, account has to be taken of the linguistic context in which the response is made e.g. the Suggestion (change) may be articulated thus-“staff could smile sometimes” would be classified as NCS and would rate as a unfavourable, whereas “ baby changing facilities” would be classified as PF change

RATING	DESCRIPTION
No Change	Specified particular matters not to change
Change	Suggestions for specific change
Favourable	Comments
Unfavourable	Comments



Inspection of key words and phrases showed:

Practice facilities: Most suggested changes and unfavourable comments were in respect of a lack of privacy at reception and the general poor ambiance of the waiting area: some specific issues such as inability to use on-site dispensary, lack of refreshments, baby changing, outside dog hooks and lack of disabled parking were cited.

Most of the no change specifics related to patients who used the on-site pharmacy expressing the positive value with which they regarded it.

Non clinical Staff: Almost all of the unfavourable comments were behavioural often citing rudeness, grumpy etc. (16%); in contrast the favourable comments used words such as friendly, courteous and helpful (8%) it is important to note that this is an unfavourable to favourable ratio of 2:1 respectively.

Administration: Most of these revolved around the appointments system, opening times and the telephone system. The ability to see one's own doctors is valued as is phone consultations; however the failure to be able to book appointments further ahead than two weeks was seen as a disadvantage.

Clinical Staff: Most of the change ratings resulted from the consequential impact from admin suggestions-such as extended hours etc.

END