

Ashfield Medical Centre Patient Survey 2012

Introduction

Unfortunately only one patient attended the last meeting of the Ashfield Patient Reference Group in spite of the event having been advertised within the surgery and on the practice website, and with personal invitations having been sent to a number of patients. One other patient had intended to attend, but was sadly unwell on the day. The minutes of the meeting can be viewed on our website at www.stpaulspcc.co.uk within the Patient Involvement section.

The outcome of the meeting was that there were several key areas we needed to find further information about from patients. These were:

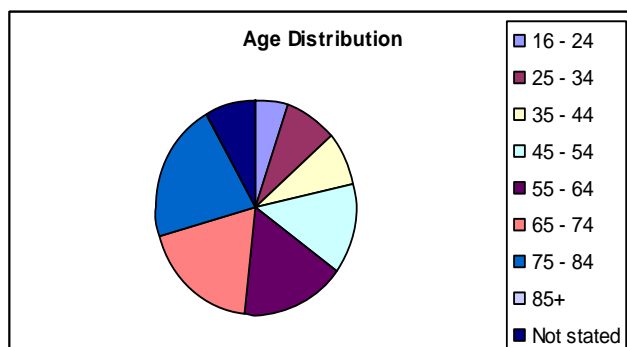
- ✓ How can we involve patients more fully and encourage them to give views and feedback?
- ✓ How can we improve the uptake when we invite patients for screening or reviews?
- ✓ How can we improve patients' confidence in dealing with their long-term conditions?

It was agreed that trying to find this information at once would create a lengthy and cumbersome questionnaire. We therefore decided to create two questionnaires, one to address the first two issues and to be available for everyone to complete, and the second to address the third issue and to be issued only to those patients who suffer from a long-term condition.

The surveys were carried out during September and October, and were available in the Medical Centre and via the website. The results are shown below.

Survey 1 – Patient Involvement

Sadly we were only able to obtain 38 completed questionnaires. We tried to ensure that patients from a range of ages and circumstances were included as shown in the charts below.

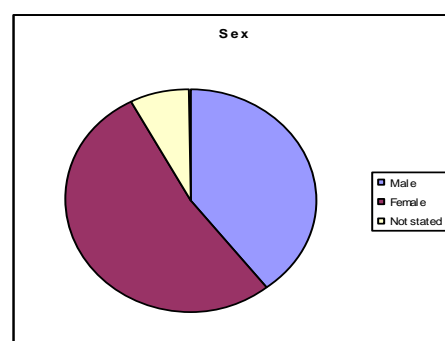


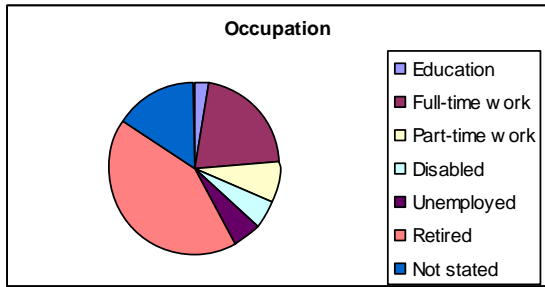
We had a good split of patients in the older age groups, but fewer younger patients.

However, this does reflect the fact that older patients tend to be more frequent users of healthcare services.

Here we can see that approximately half of the respondents were female.

A few patients chose not to complete the 'About You' section and so we do not know whether they were male or female.





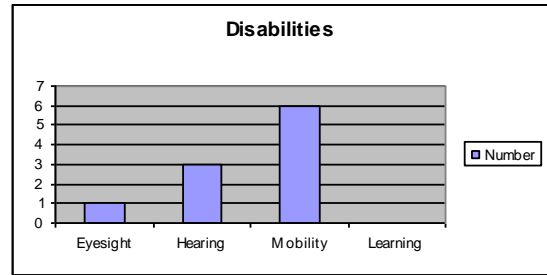
The survey respondents came from a range of occupations. As one would expect from the age distribution, almost half of the group were retired.

15% or so chose not to specify their occupation. These were people under the usual retirement age.

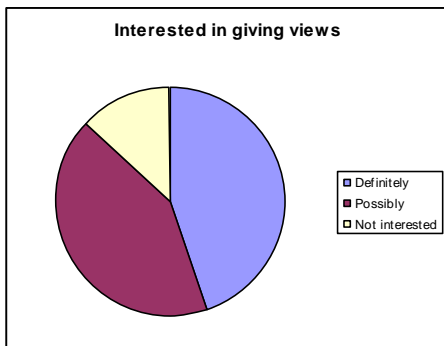
The majority of respondents were white British with only one non-British respondent. This reflects the practice population. Two respondents were carers for an elderly or vulnerable adult, while 6 had caring responsibilities for a young child or children.

Only a small number of respondents stated that they had a disability, and the majority of these were mobility problems.

Fortunately our ground floor location and the low counter at the side of reception improve access for patients in wheelchairs.

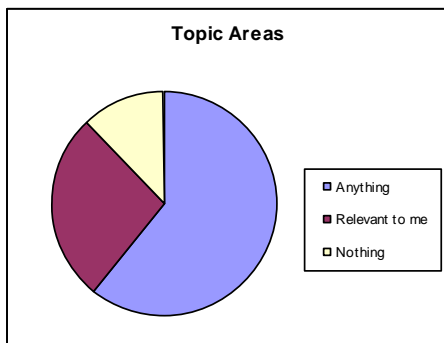


The first aim of this questionnaire was to ask a representative group of patients if they would be interested in giving their views about the Medical Centre and its services, and the best way to achieve this.



Fortunately the vast majority of patients stated they were definitely (blue segment) or possibly (pink segment) interested in giving their views.

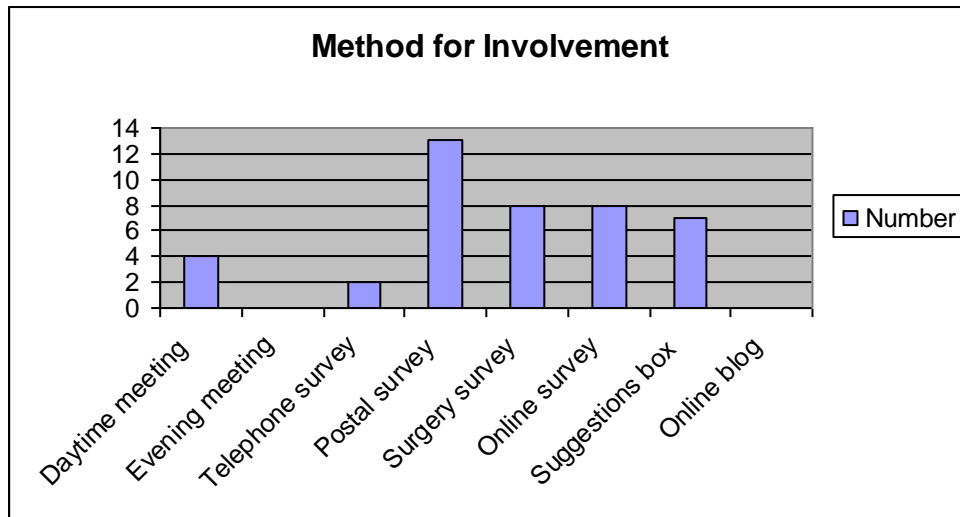
Only 5 respondents stated categorically that they were not interested, giving either lack of interest, lack of time, shyness or seeing no point as their reasons.



When asked what topics they would be willing to discuss or give feedback about, most were happy to look at any.

A few people preferred to stick to matters of specific relevance to themselves.

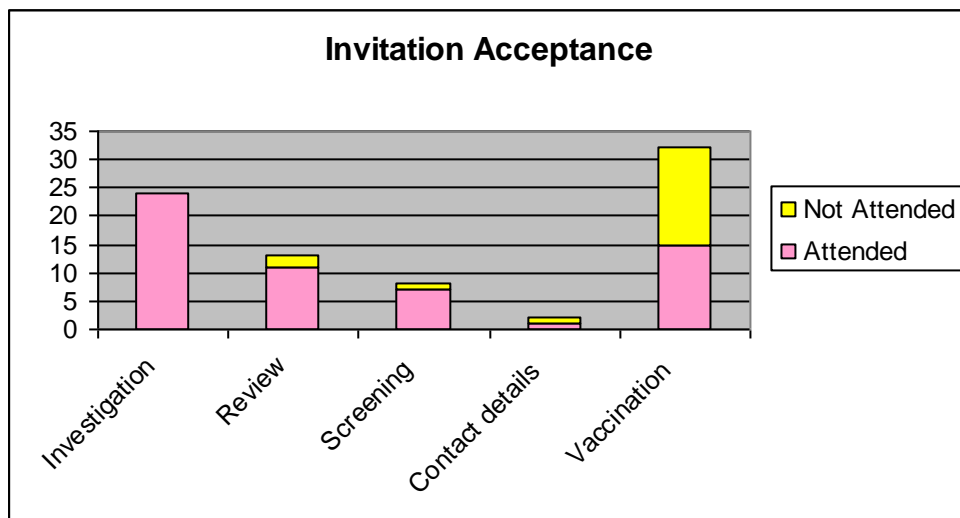
The chart below shows the popularity of different methods for patient involvement. No additional suggestions were put forward.



These results are rather surprising in some ways. For example, we usually find very low levels of responses to requests for information when sent by post, yet this was given as the most popular. Also, all but one of the respondents had completed the survey within the surgery, and yet the results suggest this was no more popular than an online survey.

While only 4 patients felt that a daytime meeting would be the best method, this represents 10% of the survey group. If this is representative of the practice as a whole, it should be possible to have a flourishing Patient Reference Group that meets regularly.

Looking now at how to encourage patients to attend for reviews etc from the first invitation, the chart below shows what respondents had been invited for in the last year, and whether or not they had attended.



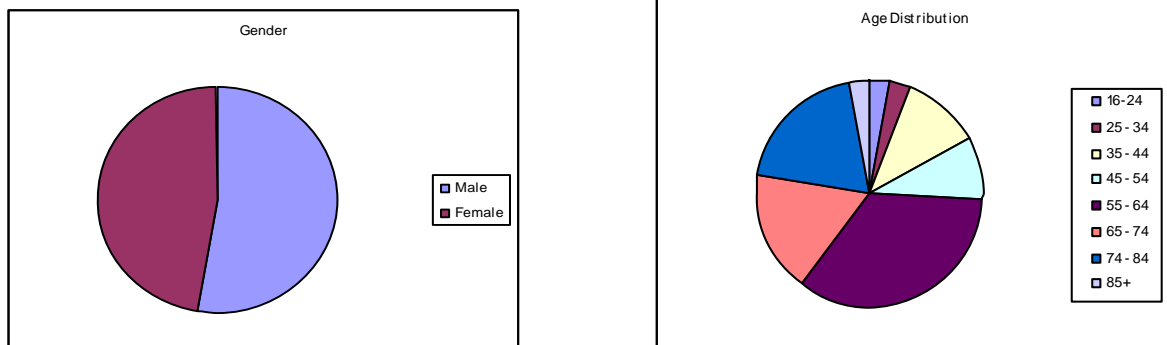
Most patients who completed the survey had received at least one invitation in the last year. All of them claimed to have attended if the invitation was for an investigation such as a blood test or urine sample. In contrast, only half had attended for vaccination, but unfortunately reasons why not had not been given in many cases.

One patient reported being too busy, and two reported that they are seen regularly anyway, either at the surgery or at the hospital.

Survey 2 – Long Term Conditions

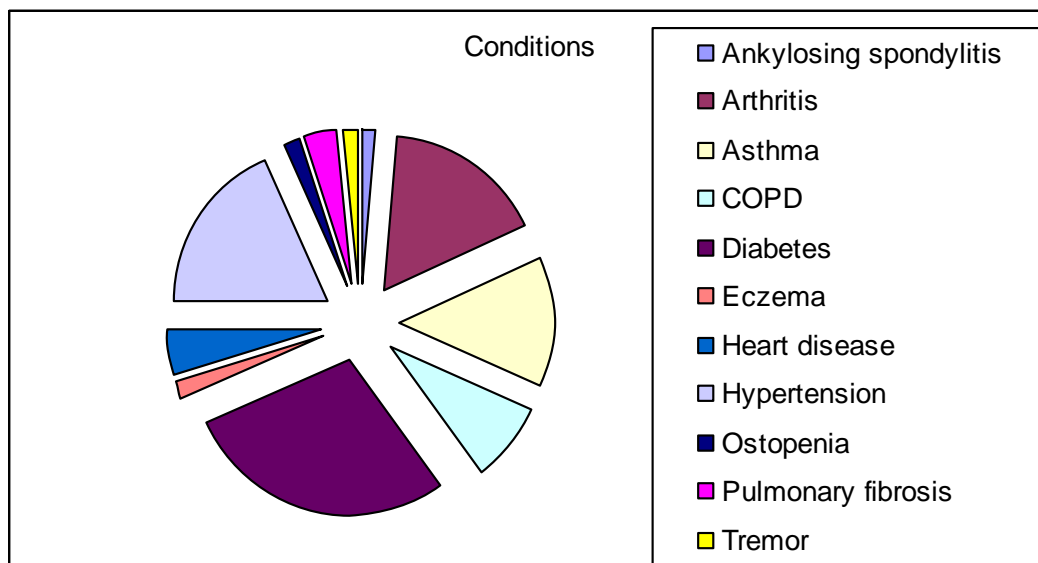
We were only able to obtain 37 completed questionnaires in this case. However, many of the respondents had more than one long-term condition and were able to comment on these separately.

Again we aimed for a good distribution of respondents as shown in these charts.



The age distribution was skewed towards the older age groups. This is expected as people tend to suffer are more likely to suffer from long-term conditions as they get older.

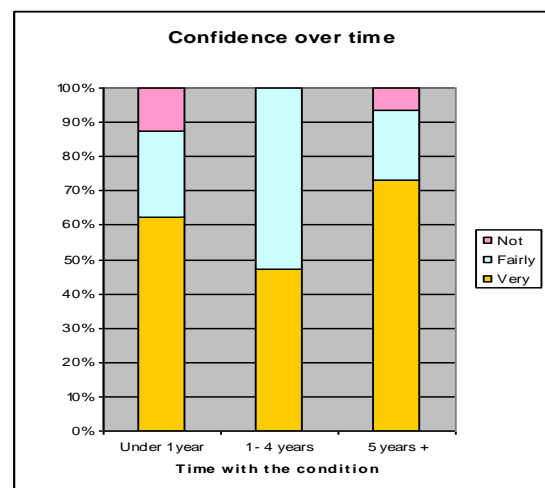
The range of long-term conditions listed by respondents is shown overleaf. About half of respondents listed 2 or 3 conditions and the level of confidence often varied for different conditions even for the same respondent.



The questionnaire asked respondents to comment on their level of confidence in managing their condition generally, more specifically regarding medications and what to do in a 'crisis' and whether they attended for regular reviews.

In most cases patients appeared to have good levels of confidence, which appeared to improve the longer the patient had the condition.

The picture was very similar across the range of questions.



A few respondents had written comments about why they felt confident (or not), and the things that seemed to improve confidence included:

- ✓ Detailed explanations by the GP/nurse
- ✓ Leaflets to take away and read
- ✓ Living with the condition for a long time
- ✓ The condition being 'under control'
- ✓ Consistent treatment
- ✓ Having a plan
- ✓ Having family who knew what to do

Some patients gave '999' as the action to take in the event of a 'crisis'. We would only recommend this as a last resort, and would hope that patients' management plans would give them the information they need to manage the condition without having to resort to this.

The vast majority of patients assessed the amount of information provided by the practice to be 'about right' and were not able to suggest improvements.

Only 5 respondents had heard of the Expert Patient Programme. Of these 3 had attended the course and all had found it helpful.

Discussion

Over 20 respondents indicated that they would be willing to give further feedback when the survey results had been collated. Copies of the report were then either posted (17) or e-mailed (6) requesting any further feedback, but in particular thoughts on the following:

1. Given the results for 'Methods for Involvement', how do you think we can encourage the 10% of patients who give daytime meeting as the preferred method to attend?
2. As postal surveys appear to be very popular, what do you think about the idea of including survey questionnaires in with invitation letters, such as 'birthday' recalls?
3. Would you be in favour of having a standardised suggestion form that could either be completed online or put in a suggestions box in the surgery?
4. Given the high attendance levels for patients in this survey, and therefore the lack of information on why many patients do not attend after a first invitation, what do you think about the idea of enclosing a short questionnaire on this with invitations? While including that we strongly advise the patient to attend, it could ask that if they do not intend to, they tell us why.
5. Do you agree that the Expert Patient Programme should be more widely promoted?
6. Are there any other measures we should be taking to improve patients' confidence in living with their long-term conditions?
7. Any other thoughts you have about this survey.

Responses were invited by e-mail, post or telephone. Unfortunately there were no responses, although one patient did give apologies due to ill health. The following action plan has therefore been based purely on the survey results.

ACTION	LEAD	DUE DATE
Schedule a daytime meeting in the spring, publicise this widely and personally invite those respondents who indicated on the questionnaire that they would be willing to attend.	Anne Bagot-Moore	31/03/2013
Amend invitation letters to include a short questionnaire for those who wish to decline.	Anne Bagot-Moore	31/03/2013
Ensure patients attending for review of their long-term conditions receive information about the Expert Patient Programme	Anne Bagot-Moore	31/12/2012