

St Paul's Medical Centre Patient Survey 2011

Introduction

Earlier this year the government invited each GP practice to create a Patient Reference Group. This was to be a group of patients representing a broad spectrum of the practice population, who were willing to give their views, feedback and ideas to help the practice drive up standards.

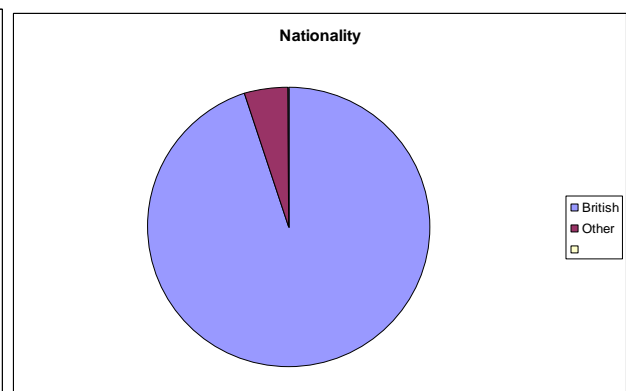
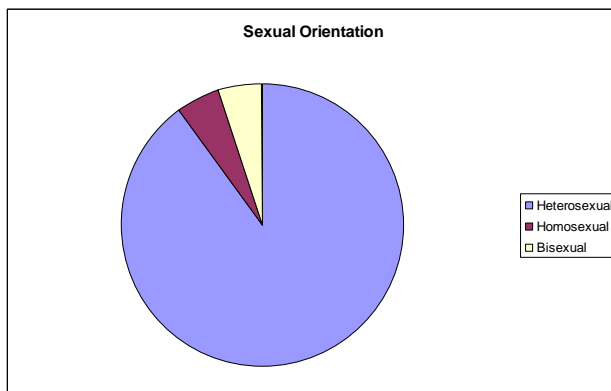
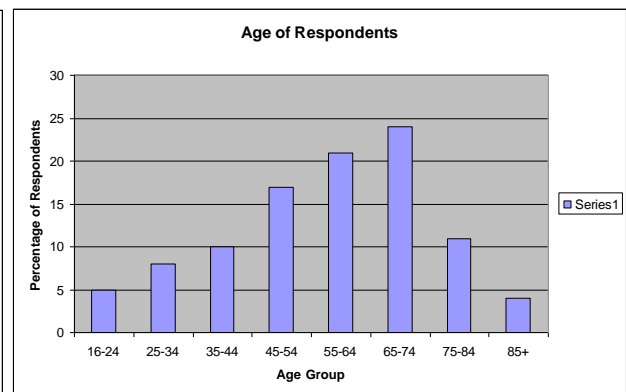
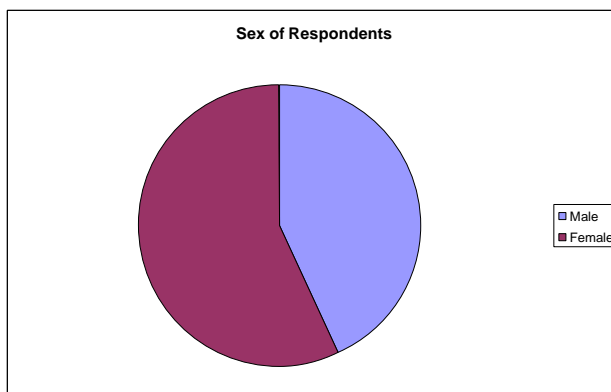
The group, which could meet in person or 'virtually' using e-mail, telephone or post, were tasked with reviewing the practice's results from the National Patient Survey and identifying those areas that warranted further investigation by a local survey. This information would be further analysed and an action plan produced to make improvements where possible.

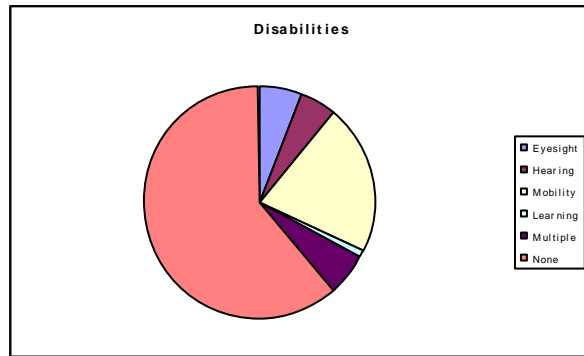
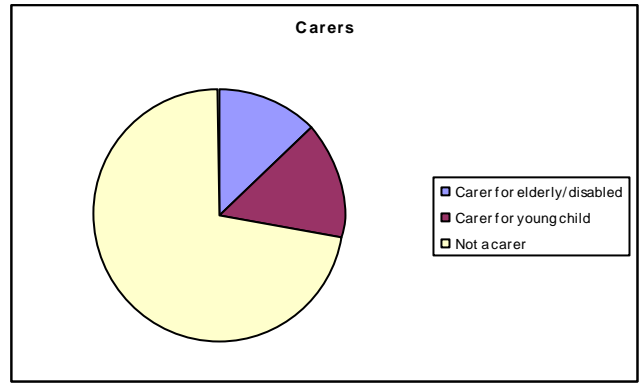
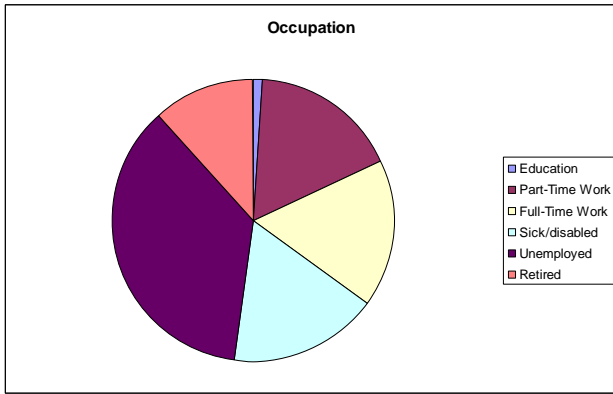
The inaugural meeting of the St Paul's PRG took place on 20th July 2011 at St Paul's Medical Centre, and the notes from this meeting can be viewed on our website at www.stpaulspcc.co.uk.

While the feedback from the National Patient Survey was found to be very positive for St Paul's, there was found to be room for improvement especially with regard to keeping patients informed of our services and patients being able to access appointments within 48 hours, especially because of the high number of patients who fail to attend and therefore 'block' the appointment. It was therefore agreed that our local survey should focus on these issues.

Local Survey

During the course of August and September, patients were invited to complete our survey, which is available on our website. Over 200 surveys were completed, and the respondents came from a wide range of ages and situations as shown in the tables below.

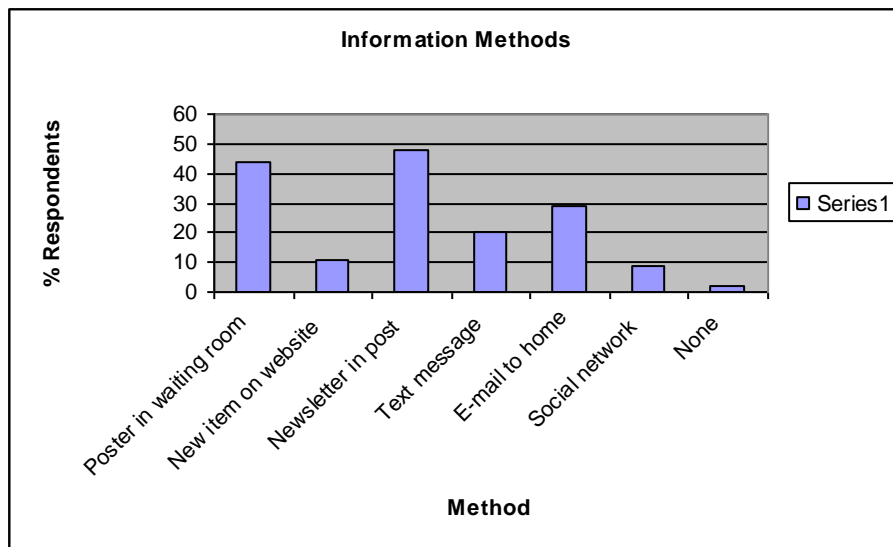




Questionnaire Responses

We asked whether people were aware of our opening hours. More than $\frac{3}{4}$ of patients knew we stay open throughout the day, even during lunchtimes. However more than $\frac{1}{3}$ were not aware that we open early on Wednesday mornings and late on Wednesday evenings.

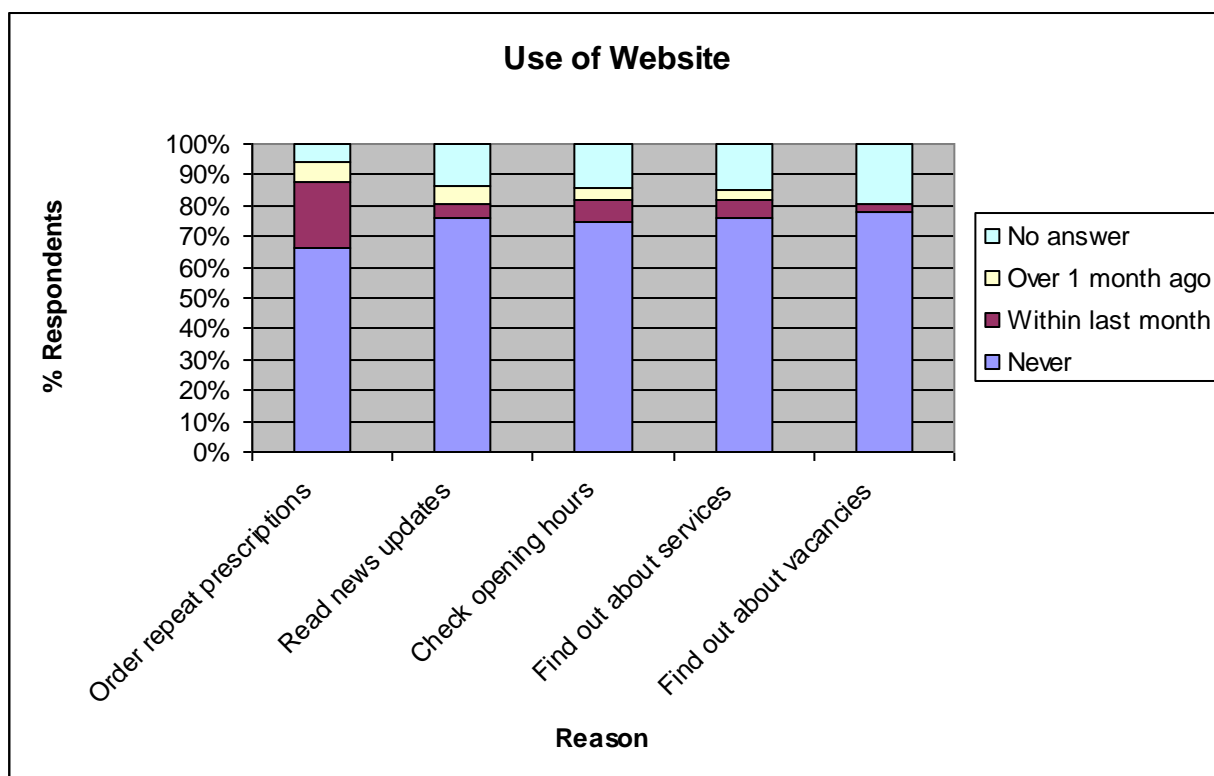
We had feared this might be the case, and therefore wanted to identify the best ways to keep patients informed about this and other matters. The chart below shows the preferences shown by respondents. More than one option could be chosen.



As the chart postal newsletters and posters in the waiting room were the most popular options. It was surprising how low the website scored as a preferred method of finding out information. There

could be a number of reasons for this, and it would be interesting to receive the PRG's views about what these might be and how we might address them.

Looking in more detail at website usage, we asked how recently respondents had used the website and for what purpose.



This chart clearly shows that the majority of patients have never used the website. We were not able to establish the reasons why within this questionnaire. Even those who do order their prescriptions online do not often access our news items or other information on the website.

Respondents were almost equally divided between those who would and those who would not like to be able to book or cancel appointments online.

A number of respondents (71) made suggestions for how we could address the ongoing problem of patients failing to attend or cancel appointments. These fell into 2 categories – those to encourage and help patients to attend or cancel, and those to punish patients who failed to attend or cancel.

Suggestions to encourage attendance

Telephone/text reminders e.g. the day before the appointment	= 14%
Remind patient about ways to cancel at the time of booking	= 1%
Calendar and diary reminder – method not specified	= 1%
Make it easier to cancel appointments – e.g. online	= 1%
Provide general information about the importance of attending	= 10%
Speak to individual ‘culprits’ about the impact of their behaviour	= 4%
Provide sooner appointments so patients have less time to forget	= 1%
Offer incentive to attend, e.g. reduced prescriptions charge	= 1%

Suggestions to punish non-attenders

Fine/charge [suggested fees ranged from 50p to £1,000]	= 38%
Make non-attenders undertake voluntary work as punishment	= 3%
Remove from practice list after 3x missed appointments	= 13%
Ask patients to confirm they will be attending	= 4%
Remind patient about ways to cancel at the time of booking	= 1%
Do not allow non-attenders to book in advance – come in and wait	= 1%
Make non-attenders wait longer for appointments (e.g. 4 weeks)	= 4%

Discussion

This survey has revealed some interesting information about our patients' views, and we would welcome further discussion from members of the PRG and anyone who indicated on the questionnaire that they would be willing to give feedback. In particular, we would welcome your views and comments on the following:

1. Many patients stated they would welcome a practice newsletter. What kinds of information do you think should be included, and how frequently should newsletters be produced?
2. More than half of the patients surveyed do not use our website at all. Most of those that do, use it simply to order repeat prescriptions. How can we encourage patients to use the website?
3. Do you have any suggestions for how we could improve the content, layout and functionality of the website?
4. Under current rules we are not permitted to charge or fine patients for failing to attend or cancel appointments. Some of the other suggestions could be implemented if refined and made more specific. However, we do have to consider the impact on workload for the reception staff in particular. Thinking of the suggestions already put forward, what do you think should be in the practice policy on non-attenders, and what do you consider to be the best method of getting the message to people?
5. Any other comments, suggestions or questions that you would like to raise.

Thank you for completing our survey and for your further feedback. Your input is very much appreciated.