St Alban's Medical Centre

Patient Participation report

The practice were keen to establish a Patient Reference Group, to obtain feedback from patients and include them in identified service redesign. In the recent past, the practice has obtained feedback from locally administered standardised surveys (commissioned from CFEP) and practice-level analysis of a national survey tool (provided by IPSOS Mori on behalf of the Department of Health), but it was felt that more specific and targeted questioning would be more effective in influencing change.

Practice Profile

St Alban's Medical Centre is situated in a residential area of Charminster, Bournemouth, covering the area bounded by the blue line, as outlined below:

The practice covers a wide urban / suburban area, encompassing large detached houses through to flats predominantly in the areas closest to the town centre. There is a range of housing, from owner-occupied to rented accommodation and social housing. There are no areas of acute social deprivation included in the practice area.

The practice population varies slightly over time, but is usually around 10450, with a turnover of around 8 - 10% per year. From our clinical database, we are able to extract information, where available, on age / gender / ethnicity.

The age / sex ratio at January 2012 stands at:

	0-4	5-16	17-24	25-34	35-44	45-54	55-64	65-74	75-84	85-89	90+
Male	316	680	437	752	827	726	606	483	284	70	31
%	3%	6.5%	4%	7%	8%	7%	6%	4.5%	3%	1%	
Female	311	614	457	752	716	693	602	480	373	65	46
%	3%	6%	4.5%	7%	6.5%	6.5%	6%	4.5%	3.5%	1%	

The gender distribution is approximately 50:50, with 8.5% of our male patients and 9% of our female patients aged 65 or older.

We have information on ethnic origin for around 30% of our practice population:

Ethnicity	Percentage of total population
White UK	86
Black	2
Asian	1
Chinese	1
Other	9

The "other" ethnicity category reflects a fairly substantial and long established Turkish population, as well as a growing number of patients from countries in Eastern Europe.

The practice has 120 registered carers, 17 patients with moderate/severe learning

disabilities, and also caters for the needs of 110 patients in nursing or residential care. Additionally the practice offers medical care for residents of a local women's refuge. Otherwise, the practice population does not include any marginalised group nor is there a high incidence of drug users in the population. We are situated some distance from the University and attract only a few students as patients.

Patient Reference Group profile

We aimed to recruit a Patient Reference Group that was representative for age and gender. We have a relatively small proportion of patients with ethnic origin other than White British (and incomplete data) and therefore it was decided that a random recruitment process would attract a representation without the need for specific target groups.

123 patients responded to requests for volunteers to join the Patient Reference group.

The age distribution was as follows:

	Male	Female
17-24	1	1
25-34	1	7
35-44	4	8
45-54	4	9
55-64	15	19
65-74	14	12
75-84	12	10
85+	3	3

The majority of volunteers were White British, with two giving their ethnicity as White Other and two as Chinese. 9 volunteers did not state their ethnicity.

Of those who gave the information, 33 were employed, 30 retired, 3 self-employed, 2 students, 6 unemployed. 48 patients did not give any information.

6 patients identified themselves as carers, 11 as parents of children under 16, 3 as having a long term health condition, and 15 as disabled.

1 in 3 of respondents asked for communication by mail, as they did not have access to email.

Despite a number of approaches, as detailed in the next section, we were not able to attract many younger patients nor those from a variety of ethnic minorities.

Recruiting patients for the Patient Reference group

The practice does not have full information on ethnic origin for all its patients. It was therefore agreed that an invitation letter would be sent by mail to male and female over the age of 18, in the age groups 18 – 24, 25 – 34, 35 – 44, 45 – 54, 55 – 64, 65 – 74, 75 – 84, and 85+. Invitiations were sent out in proportion to number of registered patients in each age group in order to provide a distribution of patients representative for age and gender. Overall 1 in 20 of our patients were invited – if all invitees had opted in, this would have given us a representative group of 400 patients. The list of invitees was checked by their usual GP to ensure appropriateness of invitation – one patient was excluded from the

invitees because of health issues, and the next patient on the list substituted. A mailout was agreed, as we wished to attract patients who use our services less frequently as well as regular attendees at the practice.

The invitation letter is attached. We took the opportunity to ask respondents for their priorities for the group to focus on, as well as collecting information on gender, age, employment status and other factors such as disability / parent of young child / carer. We also asked patients to state their preference on communication methods.

Despite this direct approach, we only recruited 80 patients using this method.

We were aware that the age distribution of the respondents did not reflect that of our general population. We therefore opened up the recruitment by advertising in the practice with a poster aimed at patients under 45 and opt-in forms at the Reception Desk, plus personal approaches especially where patients had directly raised concerns with aspects of the practice's organisation. We also appealed for volunteers in our September newsletter. In addition, the Health Visitor made direct approaches to mothers of young children at Child Health Clinics, as this group were under-represented in the respondents.

This approach resulted in recruitment of a further 12 people. The resulting group became the Patient Reference Group. Although the age / gender distribution still does not accurately reflect the registered population, it was felt that it is reflective of the population of regular users of the surgery.

We did not engage with other agencies as we do not cover any specific vulnerable groups that might otherwise not be represented. The Refuge houses fewer than 20 residents.

Deciding priorities

Patients who were invited to join the wider Patient Reference Group were also asked to identify an area (or areas) of focus. The suggestions of Appointments, Telephone access, Chronic Disease Management and Administration were made, based on feedback from previous practice questionnaires. Patients were also invited to identify priorities for themselves.

Of those who expressed a preference on areas of focus, 80% asked that we look at Access to appointments and 60% at Telephone access in particular, with only 10% of patients wanting us to look at either Chronic Disease Management or Practice administration.

The Survey

The survey questions were decided by the practice, based on the Patient Reference Group's identified priorities and on feedback from the Practice team. The input of the Reception team was particularly valuable, as they are most aware of the concerns that patients raise on a regular basis. The survey was generated in-house by the Practice Manager, who has had some training on obtaining feedback / conducting surveys through AMSPAR.

Patients recruited in the initial stages had already identified how they would prefer to receive the questionnaire. As there were a high proportion of patients stipulating paper as their preferred format, it was not possible to use an Internet survey tool. It was therefore

decided that returned questionnaire data would be input onto a spreadsheet by the Practice Manager for subsequent analysis.

In addition to targeting the 123 patients who had identified an interest in being part of the Patient Reference group, questionnaires were left in Reception for a period of three weeks. Despite all efforts, only 86 responses were received. Patients were allowed to complete the survey anonymously if they wished, so the age / gender distribution of respondents can not be identified for 25% of the survey responses.

Survey findings and Patient Reference Group discussion

The survey findings were collated and are attached to this report. These findings were forwarded to all identified survey respondents and they were asked if they wanted to attend a face-to-face meeting to discuss next steps or to give feedback or recommendations by mail, email or telephone.

A meeting was set up with the Senior Partner, Practice Manager and those members of the Patient Reference Group who wanted to meet face-to-face. It had not been easy to recruit members, particularly a membership representative of the practice's registered population in terms of age and gender distribution, and it was therefore felt that any person indicating a wish to be involved would be welcomed at the meeting. The views of two other patients were received by email and were incorporated into the discussions.

	Face to face meeting attendees	
	Male	Female
17-24		
25-34		
35-44		2
45-54	1	
55-64	4	4
65-74	1	
75-84	1	2
85+		

Because of practice commitments, we had to schedule an evening meeting. This was attended by 15 patients in total, and the minutes are appended to this report. This meeting was held as a discussion forum and the action plan was agreed by consensus. At a separate meeting, the practice team also discussed the survey feedback and possible options for change.

Action Plan

The main findings of the survey were:

Appointments

- 1 in 4 patients like the current system of Book on the Day appointments
- 29% of respondents use Book on the Day because there were no appointments available to prebook (either within a time period acceptable to the respondent or with the clinician of their choice)
- 27% of respondents would prefer more prebookable appointments
- 36% of respondents would like to be able to prebook an appointment 2 – 3 days in advance
- 32% of respondents would like the opportunity for a telephone consultation

Telephone access

- 89% of patients book appointments by telephone
- 40% of respondents say it is always or often difficult to get through on the phone, with a further 28% saying it is sometimes difficult
- 92% of respondents find it difficult to get through on the phone between 8 a.m. and 9 a.m.
- 75% of respondents are happy with the routing system on the telephone (options to speak to Reception / Results / Prescriptions)
- 37% of patients (50% of those who use the Internet) were unaware that they could book appointments online.

There were some clearly identified areas for change, despite the relatively small number of respondents. Reducing demand on the telephone, especially for the first hour of opening, is key, as is reviewing the ratio of prebookable to book on the day appointments, to allow for booking ahead by 2 – 3 days.

The agreed action plan was therefore focussed on trying to achieve this aim:

Survey finding / proposal	Recommendation / Action
Promote online booking of appointments, to relieve pressure on the telephone system	Publicise more widely, both by poster and by personal recommendation Article in next practice newsletter Consider offering to newly registering patients as an option
Revise appointment system to offer short-notice (1 – 4 days) prebookable appointments, thereby giving patients appointments on their first call and reducing the need for them to call again.	Practice Manager to look at how this might be achieved, and begin implementation by end of March 2012
Consider additional staffing for busy times of the day	Additional telephone answering capacity between 8 and 8.30, when there is the highest demand.
Ensuring more patients have access to the Newsletter	Consider setting up email group for distribution, and/or publishing on website.
Telephone consultations	The doctors and nurses are happy to answer queries by telephone. Some surgeries offer a consultation by telephone to triage patients and then offer advice or a face-to-face appointment – it was felt that this would impact on the availability of appointments and would not have a beneficial outcome for patients, so will not be implemented.

There are no actions that require PCT approval.

Revision of the appointment system will need to be phased in over time, with good information available for patients so that they become aware of the changes. Clinicians are aware that there may be additional requests for appointments whilst the balance of prebookable to book on the day appointments is adjusted and these will be accommodated. A phased implementation is proposed to minimise inconvenience to patients.

The opening hours of the practice remain as:

Monday to Wednesday	08:00 – 13:00	14:00 – 20:00
Thursday / Friday	08:00 – 13:00	14:00 – 18:30

These opening hours include evening surgeries from 18:30 – 20:00 as follows:

Monday	Dr Adams, Dr Nelemans
Tuesday	Dr Kidman
Wednesday	Dr Sutherland

(Dr Heatley covers for absent colleagues as required through the year – this is provided on a Wednesday evening.) Any changes of evening opening are advertised on the noticeboard outside the surgery and on the front door. The PCT are made aware of any closures.