

**SUNNYSIDE SURGERY**  
**LOCAL**  
**PATIENT PARTICIPATION SURVEY REPORT 2011-2012**

The Doctors, Nurses, Practice Manager and Staff would like to thank all of the patients who took part in the 2011 Patient Survey. We do value the information the survey provides and we appreciate the time and thought given by patients to help us identify the areas in which we can try to improve, as well as those areas which we can be proud. The patient participation group met regularly every six weeks to discuss the findings and subsequently agreed the action plan in this report. The practice would like to take this opportunity to extend their thanks to the group for giving up their time and expertise.

Type of Patient Participation Group (PPG): Face to face group

Practice Population

Age Groups	0-4	05-16	17-24	24-34	35-44	45-54	55-64	65-74	75-84	85-89	90+	Total
Males	156	419	244	282	446	543	439	372	217	70	35	<b>3223</b>
Females	147	411	187	315	445	544	510	392	306	143	109	<b>3509</b>
<b>Total</b>	<b>303</b>	<b>830</b>	<b>431</b>	<b>597</b>	<b>891</b>	<b>1087</b>	<b>949</b>	<b>764</b>	<b>523</b>	<b>213</b>	<b>144</b>	<b>6732</b>

Patient Group

Our patient group currently comprises of 11 members who are all registered patients and 3 members of staff (the GP partners will rotate and attend each meeting).

**Gender:** 5 males and 6 females

<b>Age:</b> 25-34yrs	1	<b>Ethnicity:</b> White:	
55-64yrs	4	British	11
65-74yrs	5		
75-84yrs	1		

<b>Other:</b> Working	2
Retired	6
Student	
Carers:	2
Parents:	
Disability:	1

## **Engagement**

To encourage recruiting patients to join the group, posters were placed within the waiting room, along with a proforma to be completed by those people interested. All staff was made aware that the group was being formed and to encourage people to come along to the first meeting, held on 19<sup>th</sup> January 2011. We had 7 patients attend this meeting, however by the third meeting in the March, our numbers rose to 10-12 people. Staff members took the opportunity of asking patients whether they would like to join the group.

## **Under Represented Groups**

It was discussed on several occasions at meetings that the group did not feel they were a true representation of the practice. We placed flyers within our health visitor's clinic to encourage young mothers to join a virtual group and anyone who registered with the practice. In our newsletter, there is a section on Patient Participation Group and details of who to contact if they are interested in joining. We feel we are under-represented in young parents and working people. We reached out to these communities via the methods described in the section "Engagement". Unfortunately the response was low.

## **Patient Survey**

This is not the first patient survey conducted at Sunnyside, but the previous ones were required as national benchmarking studies and hence primarily designed to provide comparison with all the other practices in the UK. As such they failed to provide very specific pointers as to what things might yield improved benefit for Sunnyside's particular patient profile. The PPG therefore welcomed the opportunity to design their own survey and they decided to prioritise the collection of qualitative rather than quantitative data to ensure the richness of individual patient words could be captured. In early October after several rounds of survey design, a total of **335** survey questionnaires were mailed out, along with a stamped/addressed envelope, to about **7%** of the "adult" patients (>17 years of age).

A cluster sampling technique was used to ensure that the sixteen age/gender groups being targeted were proportionately representative of Sunnyside's full patient list – of which for example almost a quarter (23.1%) are aged over 65; compared to just 15.7% for the UK as a whole. When defining the clusters, ethnicity was not included as a factor since the list is predominantly White British. This however does not adversely affect the validity of the survey because as it turned out, only six of the returnees indicated a non-white British origin, and the most recently available BME data for North Somerset as a whole (ONS 2007) suggests 93% White British, so to receive just six returns from across the fourteen other ethnic categories we asked about is broadly in line with expectation.

It was felt that if we could get close to a 1/3 response rate then this would yield – for each gender – a sample of at least 10 in each of the eight age groups – sufficient to enable valid inferences to be drawn. By the return deadline (October 31st) we were delighted to have received **132** returns – more than 30% – however, the number of returns for the two youngest groups (including both genders), were disproportionately low – so we decided that we would ask any 17 - 34 year old patients who happened to be visiting the surgery in early October, to fill-in a questionnaire while they waited for their appointment. An additional **28** returns were acquired from this “targeted” group, but extra caution has been exercised when interpreting this particular data set because unlike the main “postal” group the patients have not been selected in a randomized way, and also some of the comments appeared relatively rushed. Except where *explicitly stated* therefore, the results summarised in this document exclude this additional data.

Age Group	“Postal” Returns		Return Rate	“Targeted” Returns	
	Male	Female		Male	Female
<b>17-24</b>	2	4	22%	3	8
<b>25-34</b>	3	6	26%	3	14
<b>35-44</b>	5	13	33%		
<b>45-54</b>	10	15	38%		
<b>55-64</b>	12	13	46%		
<b>65-74</b>	12	14	47%		
<b>75-84</b>	9	6	58%		
<b>85+</b>	2	6	38%		
<b>Total</b>	<b>55</b>	<b>77</b>	<b>132</b>	<b>6</b>	<b>22</b>
	(58%)	(42%)	30%	(21%)	(79%)

Another advantage in using randomised cluster sampling is that patients who only infrequently visit the surgery still get a chance to complete a questionnaire, and this was borne out by the returns data when we found that 103 respondents – a significant 79% of the postal group – had reported that they visited the surgery “rarely” or only “occasionally”:

Respondents also indicated that they had been registered (on average) with Sunnyside for 17 years – indicating what we believe to be a relatively low rate of churn for a GP practice. This is perhaps unsurprising given that Clevedon’s origins are as Bristol dormitory town with a relatively stable population, and also that Clevedon because of its seaside charm has long been a haven for retirees. Only 25% said they had responsibility for at least one child of 16 or younger – and these respondents were asked to answer the questions for their children as well as themselves.

## Results of the Survey

At the beginning of the questionnaire the respondents were asked to say how happy they are with the quality of the services currently experienced by them at Sunnyside, and to place a cross on a line (1 ----- 5) to indicate the extent of their happiness with the practice's current performance. The most commonly given score was **4** which, out of a maximum 5, indicate a high level of satisfaction even before any change is implemented. Indeed, a significant number of respondents awarded the practice the maximum score, and one patient even explicitly said that they wanted nothing at all to change. Comments were received in the final part of the survey such as 'lovely surgery' – 'specialist help always there' – 'can't fault the care received' – 'a good practice' – 'professional practical service' – 'more than satisfied, receptionists are always polite and helpful as are all the doctors and nurses' – "good and supportive" – 'one of the best practices I have attended – Doctors are helpful and to a high standard' – 'pleasant environment – 'you do an amazing job, the service is the best I have had yet'.

Respondents (both the postal and targeted groups) were frequently complimentary about their Sunnyside experience, and said that if and when changes are made it would be important for them that the things they especially like are not adversely affected. There were more than **50** positive comments about the quality of reception and attitude of staff as they liked their friendliness and efficiency. There were more than **40** comments appreciating the availability of appointments and the accessibility of doctors. Several said they like the location and many of those appreciated in particular the convenience of the on-site pharmacy. Several complimentary comments were received about the doctors e.g. the "doctors are extremely helpful, understanding and personable."

Many of the suggestions (**73**) concerned the appointment system. A number (**17**) felt that a better advanced booking system should be developed and quite a number (**32**) thought that an on-line system would be the most beneficial. Several (**23**) suggested longer opening hours e.g. via extended evening appointments, perhaps once or twice a week, and at weekends, and **5** respondents thought that out-of-hours should be covered by Sunnyside Practice 'on-call'. Respondents specifically stated that they should be able to have appointments with 'their own doctor' for better continuity of treatment as well as for familiarity within the doctor/patient relationship. There were requests for more of the specialist clinics including for example recently diagnosed illness, stroke, elderly as well as a few specific clinic requests for such as mental health / well person / sleep advice / cancer/ alternative health / natural health and nutrition / lifestyle / feet / dietician, and more diabetic clinics. There were comments about use of the phone, both for receiving advice from doctors and for reminders of appointments.

Some of the facilities were criticized by a small number, specific things mentioned included: the reception area needing to be more private, privacy for

repeat prescription basket and the soundproofing of rooms such as the phlebotomy room, the reception desk needing improvement, and a reduction in waiting time for appointments. Specific requests were also received for drinking water, a vending machine, good reading materials, and hand sanitizers.

All the quantitative data that we have is referred to in this document, apart from the **two tables** below – has provided pause for reflection in moving forward with our agreed action plans.

**Preferred types of communication** – indicated by a % of the survey’s respondents...

<b>Younger than 35</b>	<b>35 &amp; Older</b>	
77%	44%	Having online access to test results
74%	45%	Being able to book non-urgent appointments online
49%	45%	Receiving advice by telephone or via the internet
49%	29%	Being sent reminders of appointments
45%	34%	Having secure online access to your patient notes
34%	22%	Being sent information by email
23%	13%	Getting a better prescription and repeat prescription serv.
15%	16%	Being able to record your health data at home – e.g. Blood Pressure, Heart Rate, Peak Flow, etc.
6%	11%	Getting more information from our website – e.g. on health campaigns
13%	3%	Being able to interact with our website to share experiences and make comments – e.g. via a blog
11%	2%	Having access to the surgery via the social media – e.g. Facebook, and Twitter

**Extra Services** – indicated by a % of the survey’s respondents.

15%	30%	Specialist workshops e.g. for long-term conditions such as asthma or diabetes, or following a heart attack or stroke.
15%	30%	Additional specialist support for the elderly
17%	10%	Additional specialist support for the emotionally or physically challenged
13%	7%	Additional specialist support for those with special learning difficulties
26%	31%	Specialist clinics e.g. physiotherapy – either through NHS referral or funded privately
15%	18%	Healthy lifestyle support – for people who want such help in a mutually supportive environment
20%	25%	Self-funded? Patient-funded services such as homeopathy chiropractic, podiatry, acupuncture etc.

The responses above were all quite low, but of course this does not mean that the service in question wouldn't come to be highly valued by certain small groups of patients that are expressly saying they would be interested in the specific service. It is also worth bearing in mind that although, for example, just 7% of over 35s said they would appreciate "additional specialist support for those with special learning difficulties" – this apparently tiny % response still potentially equates to more than 400 patients.

## Action Plan

Once the responses from the survey were analyzed, the PPG members split up into three sub working party groups with contributions from surgery staff to develop action plans from the three areas which the survey highlighted needed to be focused on. The working parties worked on the following areas below and selected two to three actions which the surgery could look to implement over the next year.

- The Appointment System, Opening Hours and Access to Healthcare Professionals.
- Communication between the surgery and patients
- Existing and New services

Please see action plan table below for an overview of our immediate priorities and a list of the initial changes we are making. In order that we comply with all 3 questions in "the improvement model" (below) we also aim where possible to collect data on our progress.



### SUNNYSIDE SURGERY ACTION PLAN

Priorities	Desired Outcomes	Status
Text Messaging - Reminders	To offer this service to as many patients as possible who have consented. We aim to reduce the "Did Not Attend" rate.	Admin staff to train on how to use software during April.  Go live as soon as practical
Online booking	To make on-line booking available to patients	System in place – ready to go live on 1 <sup>st</sup> April 2012
Telephone appointments with GP on a Saturday	To offer more flexibility to working patients to access a GP on a Saturday	To aim to have this in place by end of April 2012.
Assessing the demand for appointments against the amount being offered to patients	Getting the balance right to enable most patients to pre-book appointments	Need to promote the fact that priority will be given, encourage patients who are available to come during the week. Give priority for Saturday am pre-bookable appointments to those patients in employment/full time education or require a carer to attend.
Evening Appointments	Offering flexibility to patients	This is currently on going, will assess the demand of the once patients are made aware of the early morning and Saturday appointments already being offered.
Information Leaflet	Provide patients with information of services, opening times, booking appointments, etc. Also obtain up-to-date contact details including mobile number and email address.	To finalise leaflet by 30/04/2012 <ul style="list-style-type: none"> <li>○ Form to be made available 'in-house' (reception, consulting/treatment rooms, website, etc)</li> <li>○ Data to be added to medical system and searchable code allocated.</li> </ul> Carry out search after 3 months to ascertain level of response – decide whether further promotion required or if remaining patients to be sent leaflet / update form by post.

Promote website Develop / improve current website.	To increase use of website for sharing information with patients To improve appearance, accessibility, content and transfer website control/update to practice staff.	Add website to surgery signage, letterheads, board, leaflets, etc by 30/4/12. <ul style="list-style-type: none"> <li>• Involve PPG / other patients / local schools or colleges in design.</li> <li>• Research other practice websites for ideas for improvement.</li> <li>• Consider changing webmaster company</li> </ul> By 31/3/2013
Abdominal Aortic Aneurysm screening	Screening offer to all men over the aged of 65 years	The screening programme has provisionally been booked to attend the surgery for 4 sessions per year to offer this service as from May 2012
NHS Health Checks	Health's checks offered to patients between the ages of 40 and 74. Helping to prevent heart disease, stroke, diabetes and kidney disease	Patients will be invited by the surgery for the checks from April 2012 with one of the Health Care Assistants or Practice Nurse.
Water Machine	To provide patients with water whilst in the waiting room	The practice will look into how feasible this will be to implement using the existing plumbing facilities available.
Self - Management	Proactive approach for patients self- manage their own health with guidance	This is an item of work which will need to be investigated further and ongoing with the PPG and practice

Our list is open to new patients

**Our opening hours are:-**

Monday to Friday 8am until 6.30pm except the 1<sup>st</sup> Thursday of each Month when the surgery is closed between 1-3pm for staff training

**Extended Hours:** An additional surgery is held on some Saturday mornings from 8.30am until 11.30am for pre booked appointments only. These will be with a doctor.

Patients may book appointments with doctors or nurses by ringing the surgery or in person at the reception desk. We offer face to face and telephone consultations. If you require a same day appointment, it is best to ring at 8am. When demand for appointments are heavy, you may be offered a telephone appointment with the duty doctor and they will arrange to see you if necessary.

This report was subsequently produced and reviewed by all working party members and then circulated to the wider Group for comment. All of the areas within the Action Plan were agreed by the Group, along with the timings for completion.

This report has been published on the Practice website at the following address:  
[www.sunnysidesurgery.co.uk](http://www.sunnysidesurgery.co.uk)