

Bridge Street Medical Practice

2014 Survey of Patients

Patient Participation Report

1. Context

Bridge Street Medical Practice (BSMP) has an established Patient Participation Group (PPG), whose remit is to represent the overall patient group and to liaise with the practice's doctors, with the objective of enhancing the overall service provision.

This survey of patients' experience of specific parts of the BSMP service is the second such annual event. The information was independently given by patients, who completed a short written questionnaire of five questions. This questionnaire was also available on the BSMP website. The data was collected during three weeks in March 2014. All the patients' answers are analysed and presented in this report. The data from a total of 368 questionnaires forms the basis of the discussions here. The questionnaire itself is shown as Appendix A.

A supplementary question asked patients to indicate any specific provisions they would like to see incorporated in the planned alterations and extension to the BSMP surgery. The collated responses to this have been presented in a separate report.

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2. Profile of the Patient Sample

The patients provided basic details of their gender and age group. This has produced the following profile of those participating in the survey.

Table 1: Participating Patients categorised by age and gender

<u>Age Group</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
Under 18	2	4	6
18-29	4	21	25
30-39	12	36	48
40-49	9	40	49
50-59	28	40	68
60-69	30	38	68
70-79	29	25	54
Over 80	24	26	50
Totals	138	230	368
% of Group	37.5%	62.5%	100%

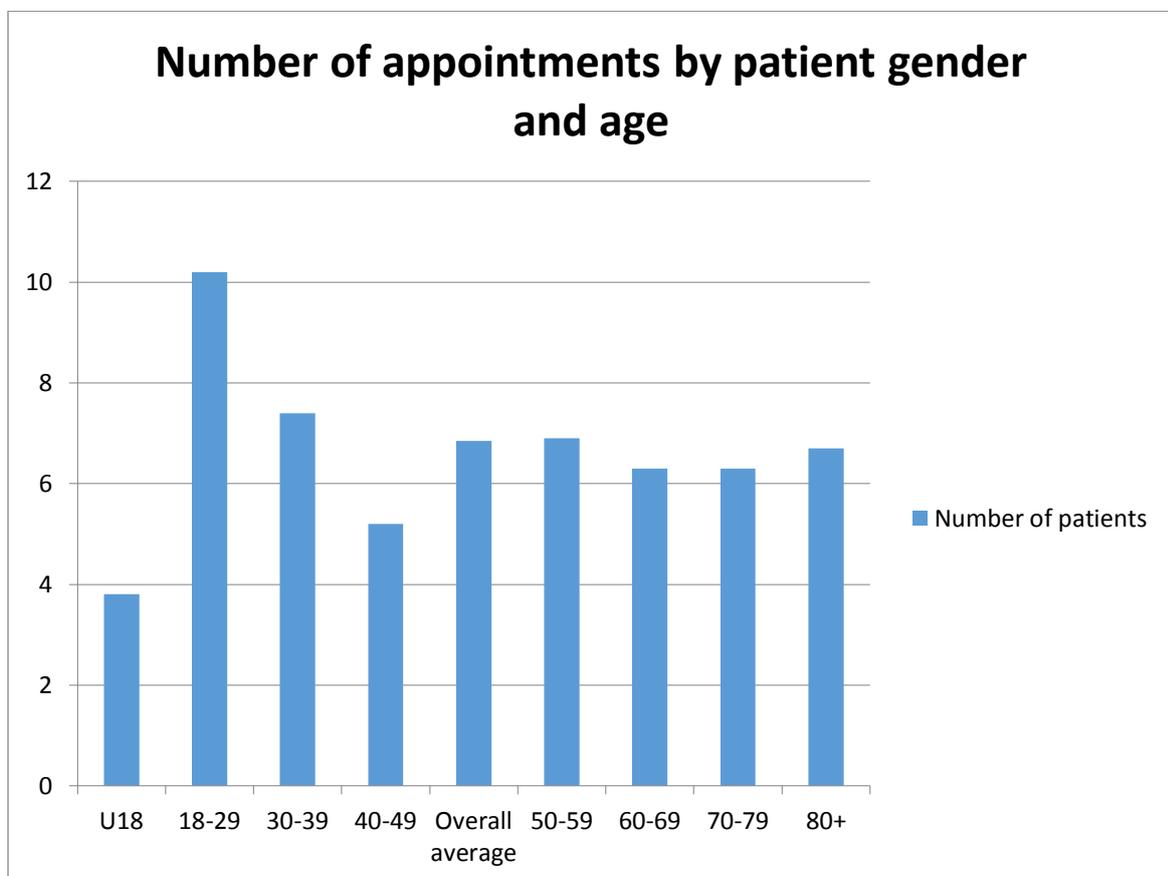
Appreciably more women than men participated in the survey: but with the exception of the youngest group of patients, all other age groups provided reasonable, and fairly uniform numbers. For comparison purposes, last year's survey produced a 39% male to 61% female response; so it might suggest that this pattern reflects with reasonable accuracy the patient profile of the BSMP - or, more accurately, the profile of those actively using the practice.

3. Use of Doctor Appointments

Question 3 in the survey asked patients to estimate how many times they had seen one of our doctors in the past year.

The chart below illustrates how these demands were remarkably consistent over the age spread, with the exceptions of the low numbers of the youngest group and the high levels of the next youngest. Since these two groups produced the smallest sample responses, it might be unwise to place too much weight upon these variances.

The survey average number of annual doctor appointments is 6.85, the high is the 10.2 of the 18-29 year age group, and the low is the 3.8 of the under-18s.



4. Preferred Times for Appointments

Question 4 in the survey sought to obtain patients' views on preferred times for doctor appointments. The background issue is that during the period of the forthcoming building alterations, there will be restrictions on the available space. It might, therefore, be necessary to extend the practice opening hours, in order to maintain the current levels of service. Should this happen, then it seems likely that doctors' consultancy hours will need to change.

Patients were given a range of possible two-hour 'slots' for appointments with a doctor. Six of these were on weekdays, starting at 8 a.m. (to 10a.m.) and ending at 8 p.m. (from 6 p.m.). The other three two-hour 'slots' were for Saturday mornings (not times currently used by BSMP), starting at 8 a.m. and finishing at 2 p.m.

Patients were then asked to indicate their preferences for all offered times by choosing one of four options:

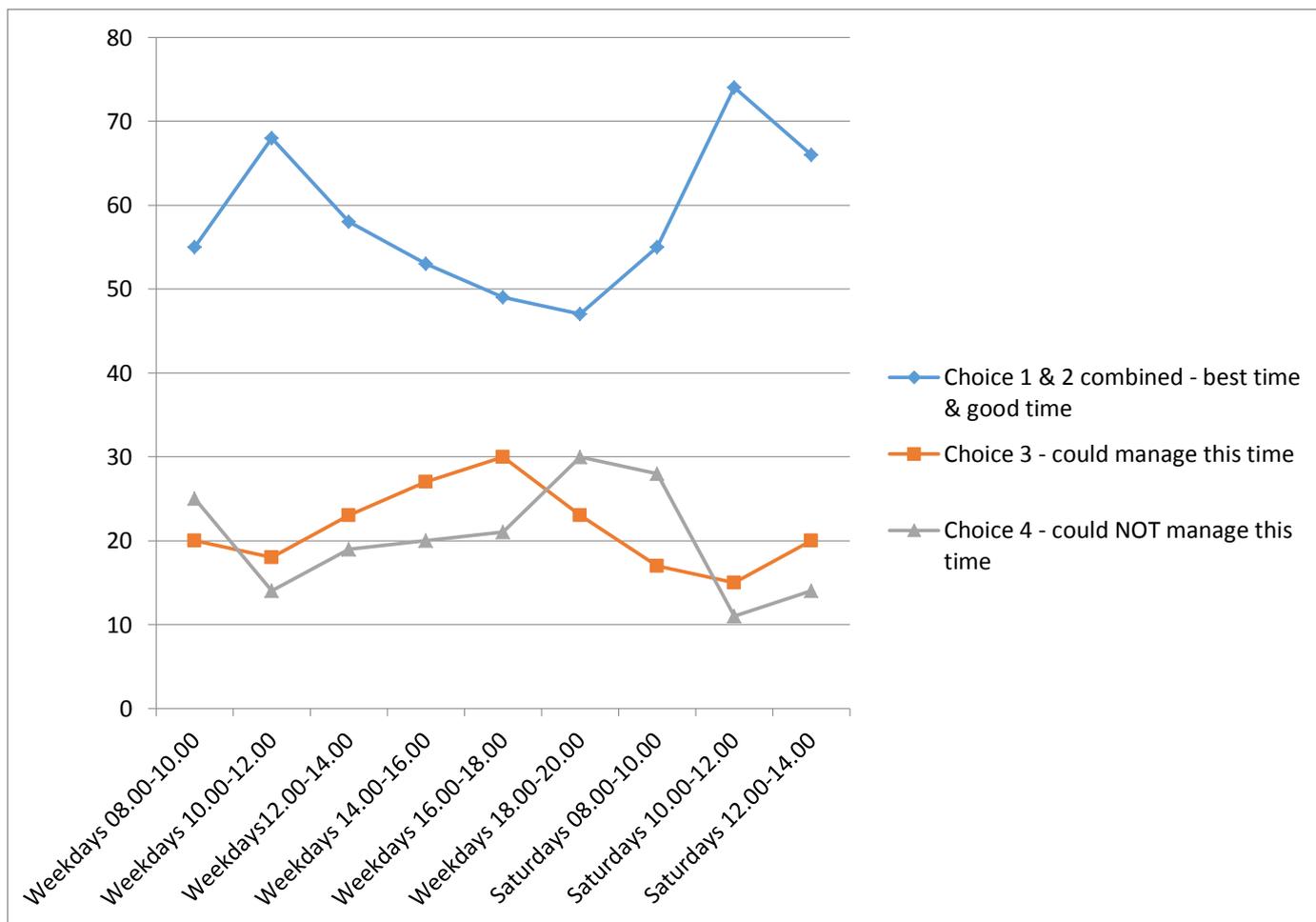
- 1 = *Best time*
- 2 = *Good time*
- 3 = *Could manage this time*
- 4 = *Could **not** manage this time*

Their responses produced the results shown in the figure below. Because many people chose several time slots (sometimes all) as their "best time", whilst many others did not choose a "best time" at all, but made wide use of "good time", these two categories have been combined in the figure. The choice of the third option, "Could manage this time", has been taken to mean that patients would prefer a different time, might be mildly inconvenienced by attending at that time, but would nevertheless accept an appointment at that time, were nothing else available.

The results indicate that there is a general preference for morning appointments. Those people of working age strongly preferred the earliest

weekday morning times, the late weekday afternoon and Saturday morning times.

Patients preferred times (Figures in %)



5. Quality Assessments

The final section of this survey sought to obtain patients' views of the quality of five aspects of the service provided by BSMP. Three of these referred

specifically to personal services provided by staff, namely: doctors, nurses and receptionists. The other two were concerned more with the mechanics of obtaining appointments.

Three statements were expressed as positive endorsements of the service, whilst the other two as negatives. They were intended to highlight key qualities of the three personal services provided, and two common complaints heard about general practices throughout the UK.

Patients were asked to respond to five statements about aspects of the medical service provided by indicating how strongly they agreed or disagreed with each of them. There was a five point range of responses available, which were:

- | | | |
|----------|----------|--|
| <i>1</i> | <i>=</i> | <i>I strongly disagree with the statement</i> |
| <i>2</i> | <i>=</i> | <i>I moderately disagree with the statement</i> |
| <i>3</i> | <i>=</i> | <i>I neither agree nor disagree (which could also variously be interpreted as “Sometimes”, “Some are, some are not”)</i> |
| <i>4</i> | <i>=</i> | <i>I moderately agree with the statement</i> |
| <i>5</i> | <i>=</i> | <i>I strongly agree with the statement</i> |

This format gave people the opportunity to disagree strongly with a positive statement, just as easily as they could agree with it. Conversely, patients could disagree with a negative statement as readily as they might agree.

The five statements offered for assessment were:

Our doctors really care about my health

It is difficult to get an appointment to see a doctor

The nurses are friendly and experienced

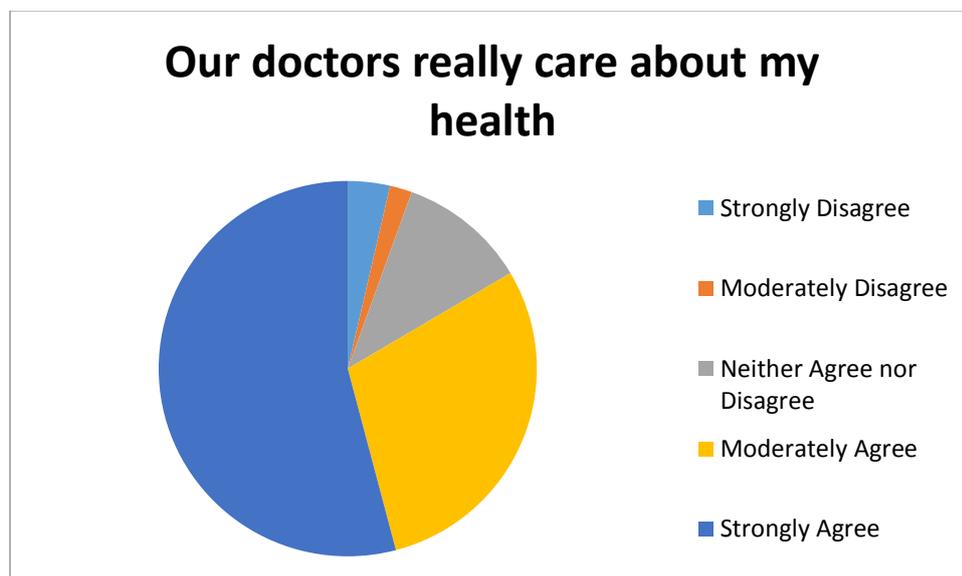
The receptionists are helpful and attentive

I can't always see my first choice doctor

Quality Issue 1: Doctors

The first pie chart shows the response to the statement, “Our doctors really care about my health”. This shows a very high level of support, with 84% strongly or moderately agreeing and only 5% disagreeing, and is a strong endorsement of the prevailing ethos within the practice.

Quality Issue 1: Doctors

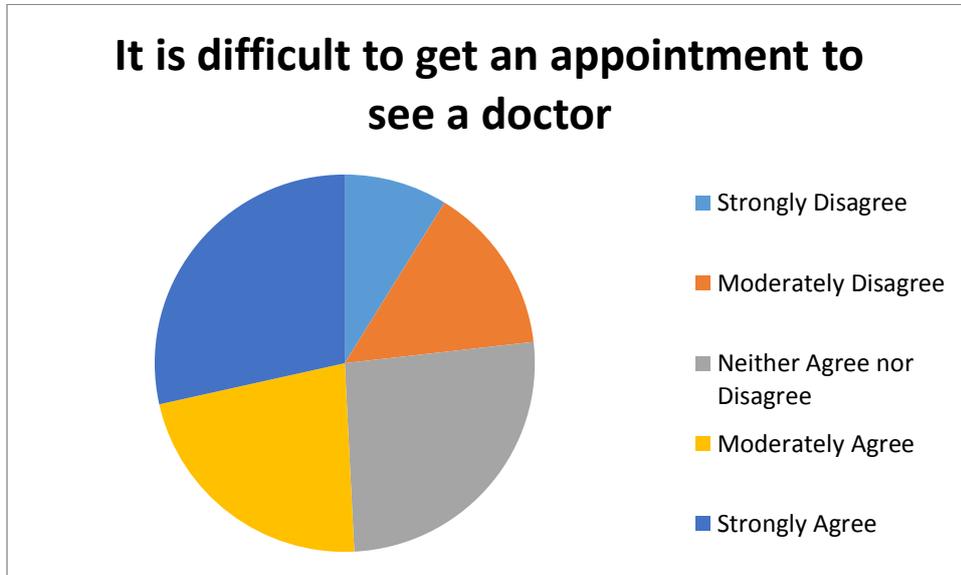


Quality Issue 2: Making Appointments

The second statement referred to the difficulty of making an appointment to see a doctor, and showed a wider range of opinions. Whilst 23% strongly or moderately disagreed, 51% agreed that it *is* difficult to make an appointment. The remaining 26% were neutral, possibly reflecting occasional, but not permanent problems.

It is germane to this issue to mention recently reported research by ComRes, commissioned by the Royal College of General Practitioners. This found that 70% of patients were able to book an appointment within the same week, but 28% could not. Worryingly, 40% were concerned about the adverse effect of long waiting times on their health.

Quality Issue 2: Appointments

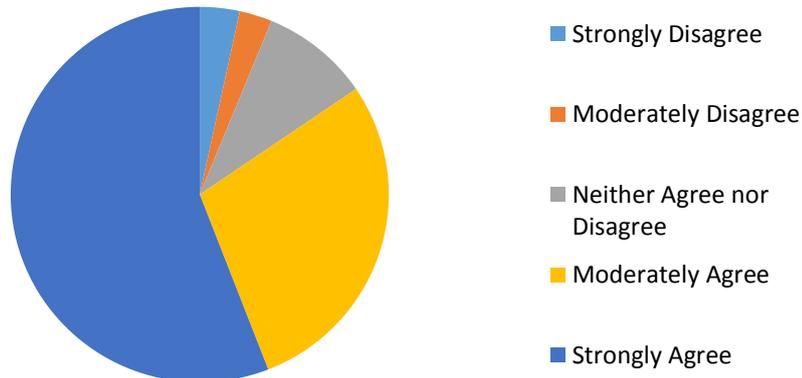


Quality Issue 3: Nurses

The third statement averred that the nurses are friendly and experienced. This received the strongest support of all, since 85% of patients strongly or moderately agreed with this, and only 6% dissented. This warm endorsement of our nurses' work is a welcome accolade for such a vital element within the Bridge Street team.

Quality Issue 3: Nurses

The nurses are friendly and experienced

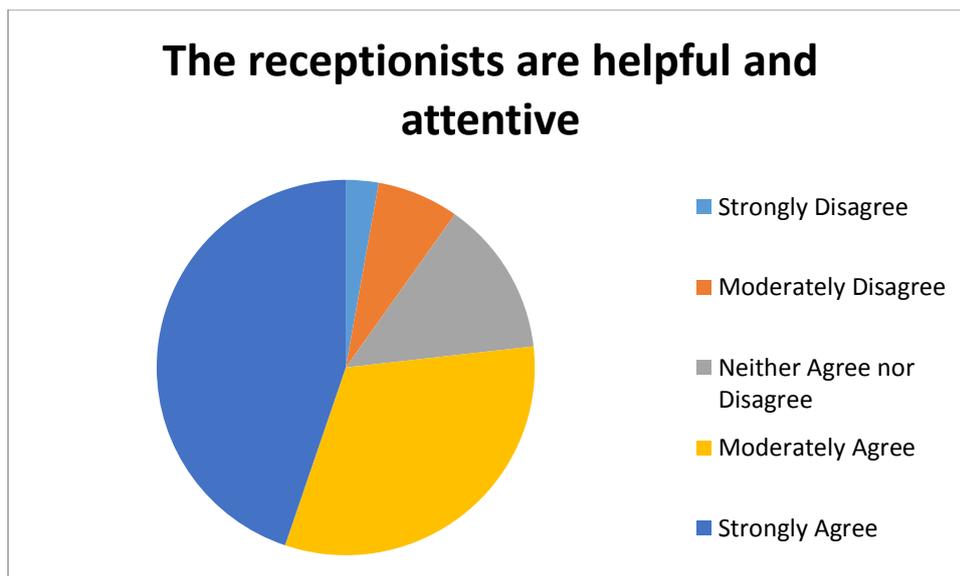


Quality Issue 4: Reception

Our receptionists fulfil a key role within the practice. They form the initial point of contact for patients, some of whom are stressed, worried about their own health or that of others, or sometimes frustrated by the difficulty of making an appointment. The front desk is invariably a busy place, where lots of balls have to be kept in the air at the same time. They need to manage multi-tasking.

Thus, to receive 77% support from patients (45% strong and 32% moderate) with only 10% dissent is an achievement of which they can feel proud.

Quality Issue 4: Receptionists



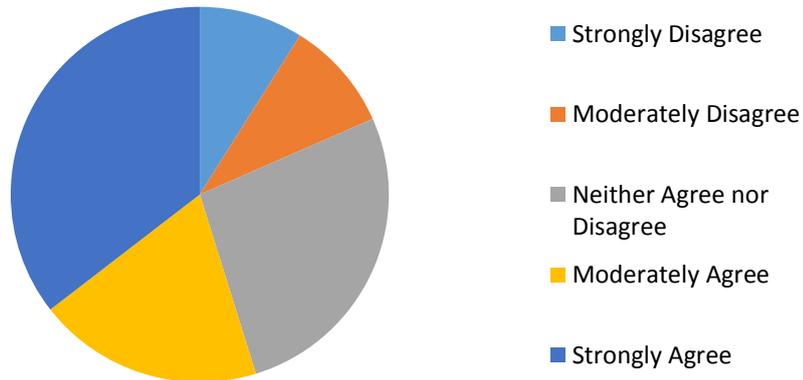
Quality Issue 5: First choice doctor

The reactions to this final statement were the most varied. The patients of most General Practices will have favourite doctors, where demand for appointments clearly exceeds what is possible. BSMP is unlikely to be very different from the norm. Thus, our statement, *I can't always see my first choice doctor*, was almost a statement of the obvious.

The outcome reflected this common dilemma. With 55% strongly or moderately agreeing and only 18% disagreement. Of all the statements, this provoked the most “neither agree nor disagree” choices, with a total of 18% choosing this option.

Quality Issue 5: First Choice Doctor

I can't always see my first choice doctor



6. Conclusion

The challenges facing the NHS are remorseless and have seldom been greater. General practices represent the part of the NHS encountered first, most constantly and by most people. Surgeries are responsible for about 90% of patient contact, yet receive under 10% of the overall NHS budget.

That there is strain in the system is undeniable - yet this latest survey of our own practice clearly indicates that it performs very well for its patients.