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Woodgrange Medical Practice Patient Participation Group Patient Survey and Extended Hours Consultation

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1. BACKGROUND & METHODOLOGY

1.1 Background

The Extended Hours and Patient Participation Local Enhanced Service (PP-LES) aims to increase patient access to GP and healthcare professionals outside of core hours, increase patient choice and improve patient experience. It also seeks to encourage more patient engagement and involvement in the planning and provision of local healthcare services.

Staff and patients at Woodgrange Medical Practice has been working together to ensure that patients' views are heard and acted upon. This report shows how the PPG and the practice, together with a wider consultation period with patients, have proactively made a difference to the way in which information is shared.

1.2 Patient Participation

Patient participation (PP) aims to ensure that patients are involved in decisions about the range and quality of services provided and, over time, commissioned, by their practice. This includes patients being involved in decisions that lead to changes to the services that their practice provides or commissions, either directly or in its capacity as gatekeeper to other services.

The PP- LES aims to encourage and reward practices for routinely asking for and acting on the views of their patients, to promote the proactive engagement through effective Patient Participation Groups (PPGs), and use of local practice survey, that promote improvement in services. An important aspect of PP is to achieve 'excellent access' to Practice healthcare and Practice facilitated access to other health and social care providers.

1.3 Implementing the PP- LES

GP practices can provide the patient participation requirements of the LES and complete the following key steps before 27th April 2012:-

1. Develop a PPG (Patient Participation Group that is representative of the practice in terms of demographics and can either be organised via face-to-face meetings or as a virtual PPG (vPPG) conducted through an e-mail community.

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2. Agree areas of priority with the PPG, this should reflect practice and patient issues and should include areas or themes from complaints
3. Conduct a questionnaire or survey with patients to ensure that the methodology is inclusive and that the sample and analysis is both statistically valid and robust and that the outcomes are valid.
4. Provide the PPG with an opportunity to discuss the survey findings and reach an agreement with regard to changes in service provision
5. Put together an Action Plan for delivering change with both the PPG and Practice team agreeing on timescales and deliverables
6. Publish the report and the Action Plan on the Woodgrange Medical Practice website and any other plans for the future with regard to the PPG and outcomes from the survey

Woodgrange Medical Practice has had a PPG since July 2011 when they had their first meeting. Therefore the survey also included issues that have arisen from previous meetings.

2. Research Methodology

2.1 PPGs

The project was conducted with patients from Woodgrange Medical Practice; firstly the members of the Patient Reference Group were consulted about issues that they felt were important. Issues discussed at PPGs have included, extended hours including evenings and Saturday mornings, loss of revenue, the changes in budget due to cutbacks from the PCT, flu clinics and chronic disease management including patients who visit their doctor more than 25 times a year.

Various suggestions for questions to be included in the main questionnaire included:-

- Opening Hours
- Facilities
- Website
- Email and other forms of contacting the surgery
- TV in reception for health messages
- Asking for consent to receive test results via email

- Best means of communication with individual patients e.g. post, telephone, website, email or SMS

After debating all the above it was decided that communication was the area that needed the most improvement. The PPG therefore decided to explore communications issues in greater depth through a patient survey that would explore patients experience and views of existing communications methods including the practice web-site and whether this would be the best means of communicating with patients with internet access. The PPG further agreed to explore patient views on having a newsletter available with the same information as well as questions around making comments or suggestions via the suggestion box and about having TV in reception.

2.2 Main questionnaire

From the discussions at the PPGs a questionnaire was drafted and then put forward for final agreement from the PPG. The final questionnaire was circulated to patients from the 12th March to the 26th March. Patients were encouraged to complete the questionnaire and where needed help was given to people who did not speak English as a first language, were visually impaired or who had forgotten their glasses. A total of 227 questionnaires were completed during this period.

The questionnaire comprised of fourteen questions and included the following topics: Internet access and awareness of the practice website, usage and thoughts on the website, newsletters, the suggestion box and follow ups and thoughts on a TV in reception as well as an open ended question, additional demographic questions were also asked.

3 Quantitative Study Results

3.1 Background

The self-completion study had a total of 227 respondents completing the questionnaire. Due to time constraints an electronic on-line version was not available for patients to complete the survey. All the questionnaires were completed on paper and were entered into Excel for analysis. Eleven questionnaires were unusable as they were incomplete, for example only the front page was complete.

3.2 Representativeness

The Woodgrange Medical Practice has a large patient base of 12,063 patients (as of 17th April 2012) and the tables below show how the actual patient demographic for age and ethnicity compared to the patients who completed the survey and additionally answered the questions about age and ethnicity. Please note that a total of 21 patients did not answer the ethnicity question and a further 7, indicated that they did not wish to answer the question, therefore a total of 199 patients actually gave their ethnic background. However, the response for those completing the age question was a lot lower as 75 people did not complete this question.

The percentages of the patient's ethnic group who answered the question very closely mirrors the actual breakdown of ethnic groups at the practice, however even with taking the lack of response for the age question on board the age group spread does not mirror the actual practice but rather the profile of the GP surgery visiting groups. Younger people do not generally need to see their GP so as would be expected they are under represented while the older age groups are over represented. However in this study the over 65 year olds have been under represented as the oldest respondent was aged 65. It is felt that older people are less likely to give their age when asked directly and would prefer to answer the question if it was banded into age groups, therefore although it is known that more respondents aged over 55 took part we are unable to include that in any age related analysis. A higher response may have been achieved if age bands had been used rather than just an open ended question.

	Actual Practice Population	Survey Population
Ethnic Group		
White	23%	24%
Black	22%	20%

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Asian	49%	51%
Mixed	3%	4%
Chinese	1%	0%
Other	2%	2%
Age Groups		
under 25	37%	16%
25-34	29%	38%
35-44	17%	26%
45-54	9%	16%
55+	8%	5%
TOTAL	100%	100%

3.3 Significance Testing and Population Error

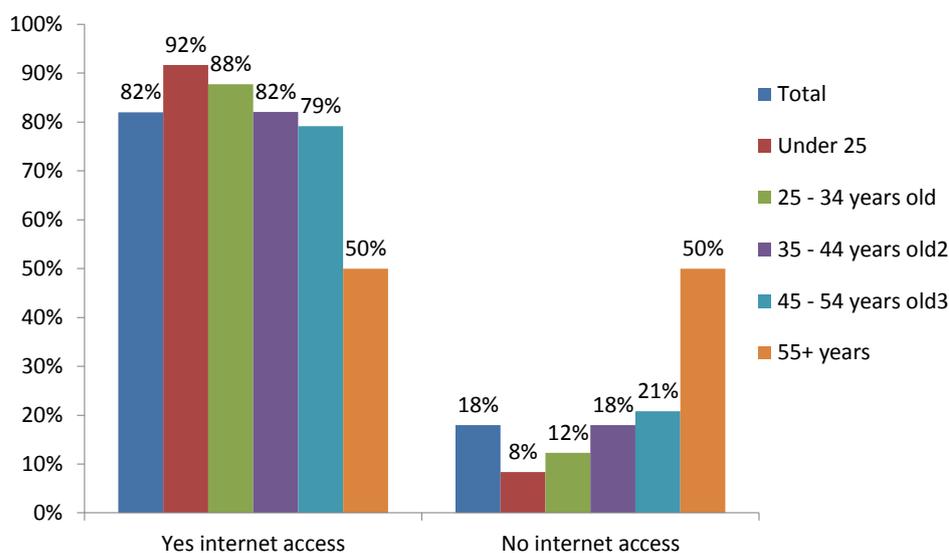
Woodgrange Medical Practice has a total patient size of 12,063 of which 227 patients completed the survey. Therefore based on a 95% confidence interval the level of error would be 6.4%. This means that we can be sure that if the study was repeated the number of people answering a question in the same way would lie somewhere between $\pm 6.4\%$.

It was not possible to conduct any significance testing between different groups such as age groups or ethnicity as the numbers in each band or group were too small for any valid statistical analysis.

3.4 Internet Access

All respondents were asked whether or not they had internet access, 82% said that they did have internet access while just under a fifth did not (18%). This could be in various places including home, work, college/ university, library, smart phone or internet café for example. As expected, younger people (92% of under 25 year olds) were more likely than older people (50% of over 55 year olds) to have internet access.

Internet Access

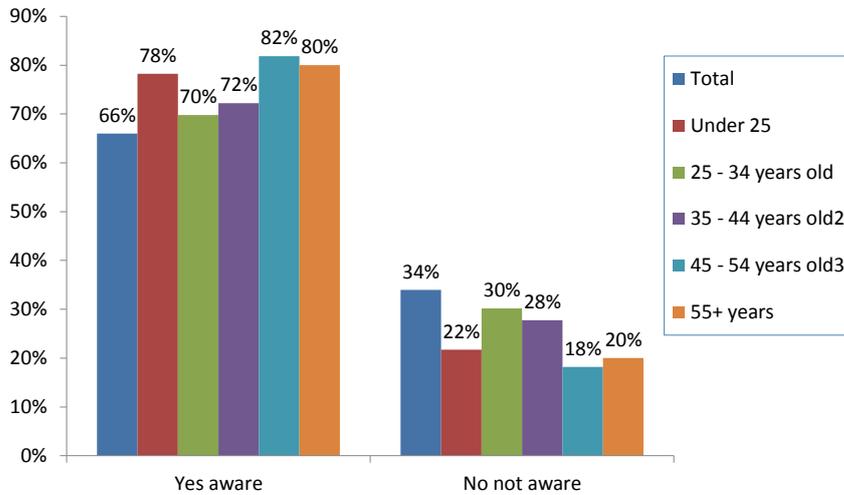


Q1. Do you have internet access
 Base: Total - all respondents answering (224)
 Base: Internet access x age (150)

3.5 Website Awareness

Two-thirds of all respondents were aware that Woodgrange Medical Practice had their own website (66%) while a third were unaware that this was available on-line (34%). Awareness of the Woodgrange Medical Practice website across all age groups was high, between 70% and 82%. 67% of respondents who used the internet were aware of the practice website while the remaining 33% of respondents with internet access were unaware.

Website Awareness



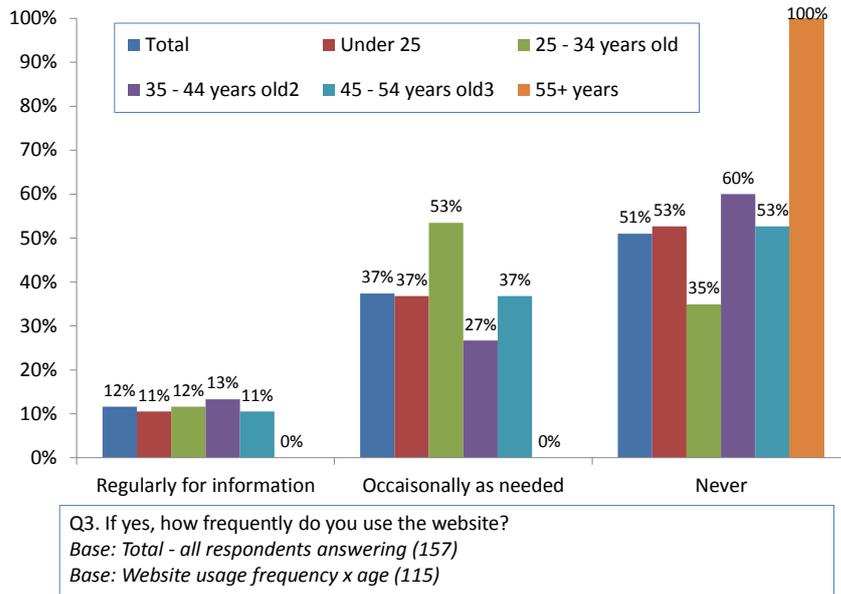
Q2. Are you aware that the Woodgrange Medical Practice has a website?
 Base: Total - all respondents answering (207)
 Base: Website awareness x age (139)

3.6 Frequency of using the Website

Respondents who had internet access were asked how often they visited the site, just over a tenth said that they visited it regularly (12 %) and over a third visited occasionally (37%). Half of all respondents who answered the question said that they had never visited the website (51%), however it should be noted that some respondents who did not have internet access had answered the question (12 respondents).

Twenty-five – thirty-four year olds were the most frequent visitors to the website as sixty-five per cent visited the practice website regularly or occasionally while those aged over 55 were the least likely to do so as no one in that age group said that they visited the website at all.

Frequency of using Website

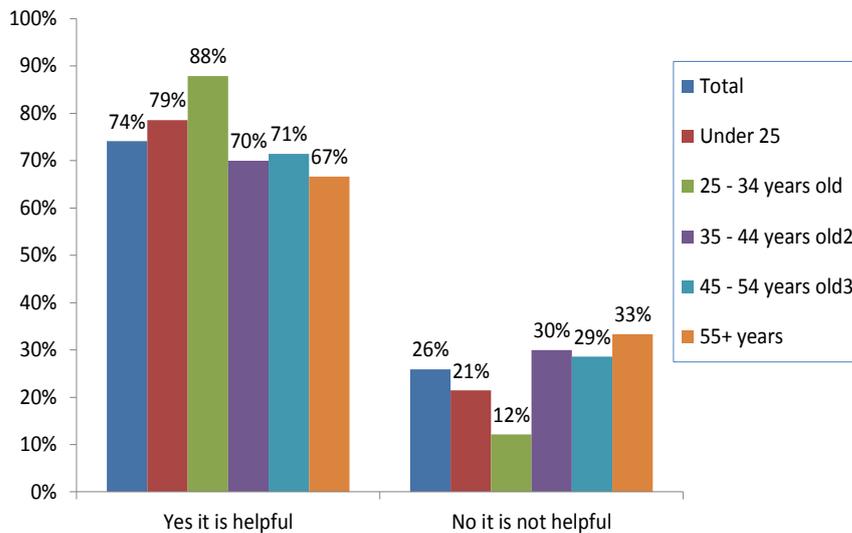


3.7 Helpfulness of Website

Three-quarters of respondents who used the website found it helpful (74%) while a quarter did not (26%). Twenty-five to thirty-four year olds found it the most helpful (88%) while those aged over 55 were the least positive about the website as a third felt that it was unhelpful (33%).

Of the 110 respondents who answered both the helpfulness and internet access questions, only six respondents did not have internet access so the remaining 103 respondents did have access and of the 103 respondents who did have access three-quarters found the website helpful (76%) and the remaining twenty-five respondents did not.

Helpfulness of Website



Q4. Do you find the website helpful?
 Base: Total - all respondents answering (112)
 Base: Helpfulness of website x age (84)

3.8 What's helpful on website

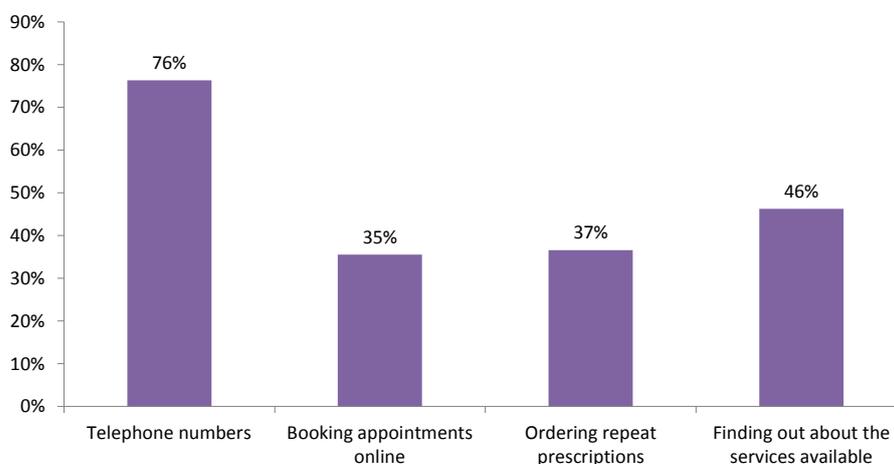
Respondents were asked to rank in order of preference what they thought was most helpful on the website, unfortunately only sixteen respondents actually did rank their preferences so the analysis was done on a total basis rather than a preference basis.

Three-quarters of respondents found that practice telephone numbers on the website were helpful (76%), while over a third thought that booking appointments and ordering repeat prescriptions on the site was helpful (35% and 37%). Nearly a half thought that the information about the available services at the practice was helpful (46%).

Other things mentioned by patients included:-

- Cancelling appointments
- Making future appointments
- Checking opening times (x3)
- Child health information e.g. vaccinations by age
- Communicating with your GP by e-mail
- When is the best and/ or quietest time to book appointments
- Lifestyle improvements e.g. exercise/ diet plans
- Information on staff e.g. who's who (x2)

What's helpful on website



Q5. What do you find the website most helpful for?

Base: Total - all respondents answering (93*)

*Please note that this is a multiple choice question and more than one answer can be given

3.9 What else should be on the website?

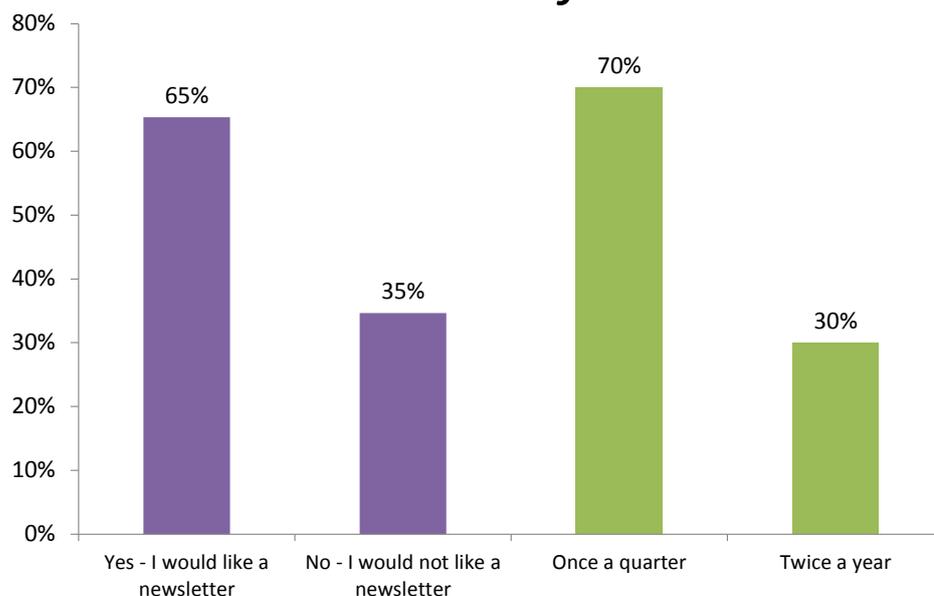
All respondents were asked what should be on the website and unfortunately only 23 respondents answered the question. Comments included:-

- Health related information e.g. diabetes treatment
- Blood test results
- Issues and news affecting GPs and the NHS
- Ability to cancel your appointment on-line
- Alternative places to go for other services e.g. pharmacies/ blood donation/ fitness clubs – yoga, zumba/ family planning
- Customer/ patient testimonials about the practice
- Fitness/ relaxation guides and videos
- Staff information e.g. who's who
- Make appointments with nurses on-line

3.10 Newsletters

All respondents were asked if they would like to read a regular newsletter from the practice on the practice website. Two-thirds said that they would like to read the newsletter (65%) while the remainder said that they would not (35%). 70% said that they would prefer a quarterly newsletter rather than a bi-annually one (30%).

Newsletter Preferences



Q7. Would you like a regular newsletter from the practice on the practice website?
Q8. If so, how frequently would you like to receive this?
Base: Total – all respondents answering (150) and (104)

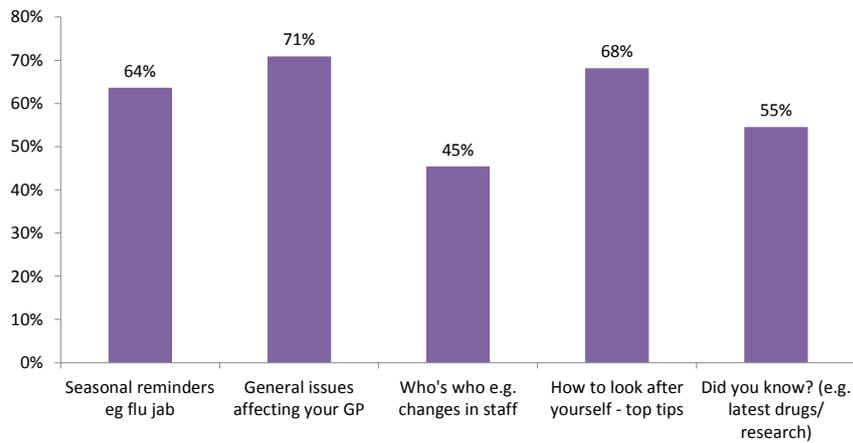
3.11 What should be in the newsletter

When asked what should be in the newsletter 64% thought that seasonal reminders such as the flu jab would be a good idea, while general issues affecting your GP were mentioned by 71% of respondents. A who's who of staff which should also include all GPs, nurses, midwives, health visitors and reception and management team with everyone's specialities included such as diabetes or migraine was mentioned by nearly a half of respondents (45%). Issues such as how to look after yourself – the top tips were thought to be useful by over two-thirds (68%) and over a half were interested in the latest news and information including drugs and other research (55%).

Other comments included:-

- Before and after stories from patients on their experience of using the practice
- First aid information e.g. how to deal with a heart attack or stroke etc.
- Job opportunities at the practice
- Health statistics and disease trends in Newham

What should be in the newsletter

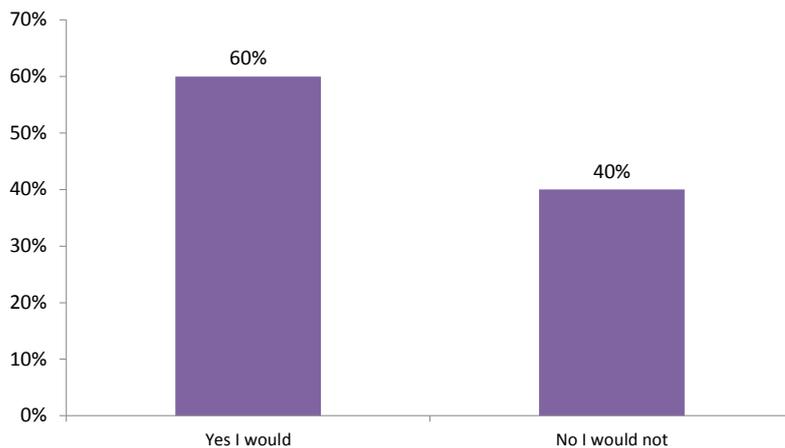


Q9. What would you like included in the newsletter?
Base: Total - all respondents answering (110)

3.12 Printed Newsletter

60% of respondents thought that there should be a printed version of the newsletter available from reception for people to read while 40% did not want a printed version of the newsletter.

Printed Newsletter



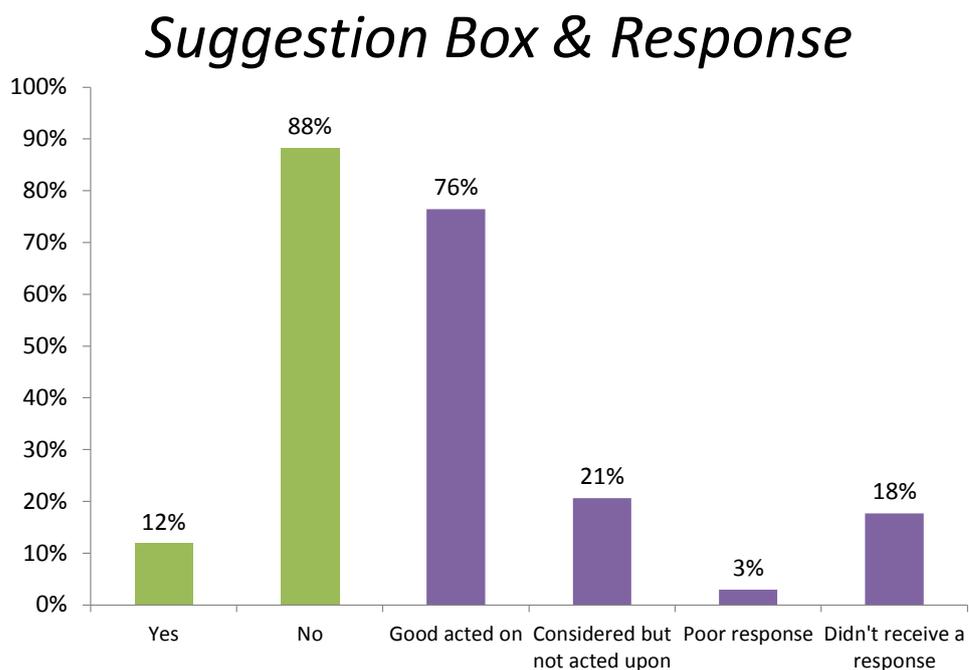
Q10. The website gives seasonal information, general information and information regarding the practice. Would you like a printed news sheet to be available from reception give you the same information?
Base: Total - all respondents answering (122)

3.13 Suggestion Box

All respondents were asked if they had ever made a comment or suggestion via the Suggestion Box in the waiting room, twelve per cent or twenty-five respondents said that they had done so.

Of these people three-quarters felt that their suggestion had been taken on board and acted upon (76%), while three per cent said that their suggestion had been considered but was not acted upon and finally nearly a fifth (18%) said that they had not received a response. Only one person said that they had received a poor response.

Although twenty-five people said that they had made a suggestion thirty-five people answered the follow-up question, however the majority of these respondents said that they had had a good experience and their comment was acted upon (61%).

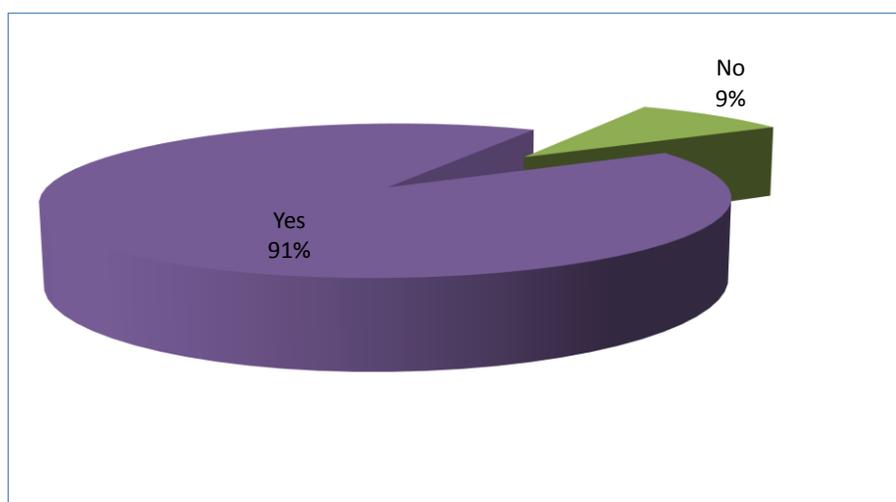


Q11. Have you ever made a comment or suggestion via the Suggestion Box in the waiting room?
Q12. If yes – what did you think of the response to your comment?
Base: Total – all respondents answering (211) and (34)

3.14 Television

90% of respondents thought that a television in reception which shows health related messages would be useful.

Television in Reception



Q13. Do you think that a television in the reception area would be useful in order to show health related messages?

Base: Total – all respondents answering (218)

3.15 Other Comments

A total of 59 respondents made additional comments about the practice, of these sixteen respondents (27%) stated that they had experienced difficulties getting through on the phone, making an appointment in advance, getting an appointment when they wanted to and generally having issues with getting through and speaking to someone to make an appointment when they needed one. Fifteen respondents gave positive comments about staff including reception, GPs, nurses etc. and the practice itself (26%). Twenty-two respondents said nothing or not applicable (37%).

Other comments included:-

- Using the website more (x2)

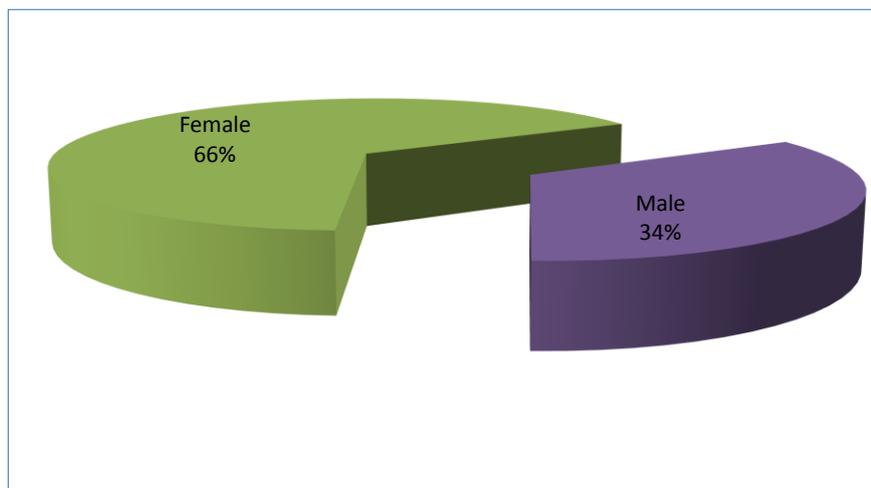
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- Having a silent TV
- Having normal TV
- Never see the same doctor twice (x2)
- Long waits in waiting room
- More health related information (x2)
- Drinking water in reception

3.16 Gender

Two-thirds of respondents who completed the questionnaire were female (66%) while a third were male (33%). Altogether eighteen respondents did not answer the question.

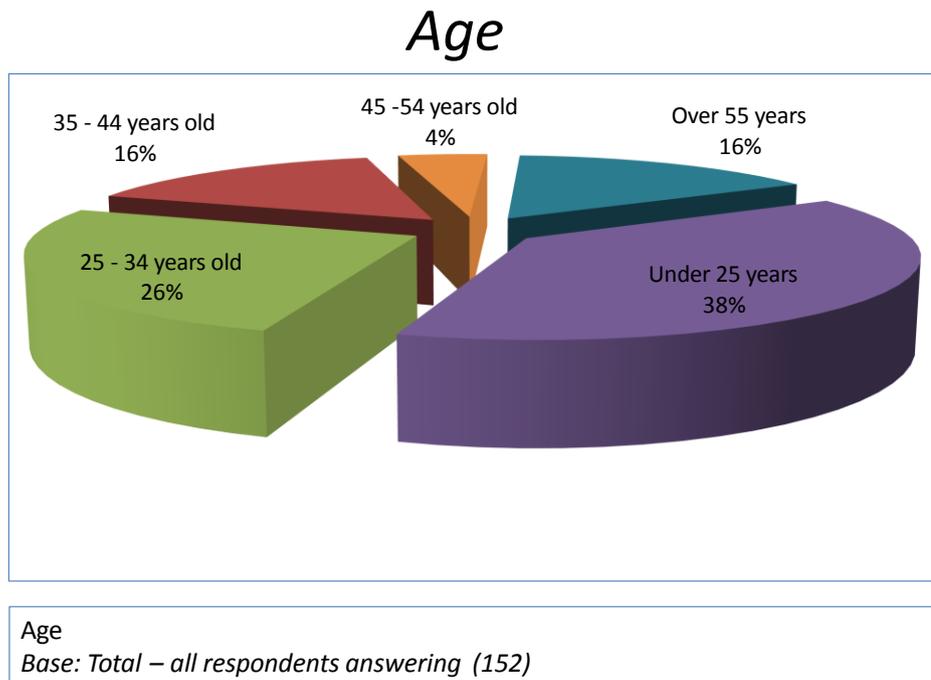
Gender



Gender
Base: Total – all respondents answering (209)

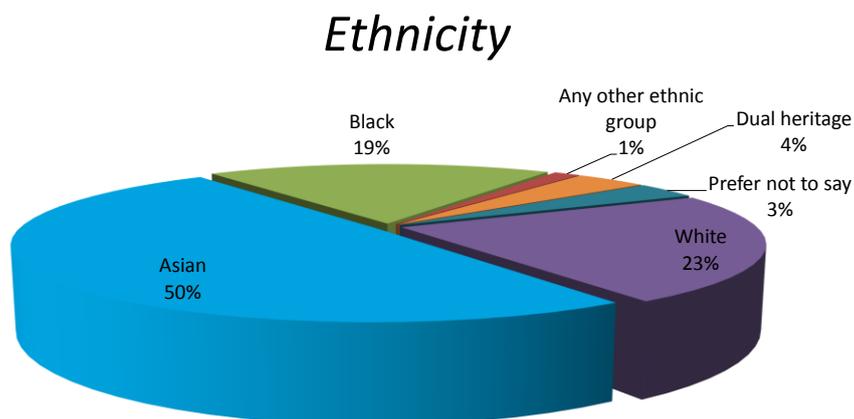
3.17 Age

All respondents were asked what was their age and a good mix of age groups have completed the questionnaire; 38% aged under 25 year olds, 26% aged between 25 – 34 year olds, 16% aged between 35 – 44 year of, 4% aged between 45 – 54 year olds and 16% aged over 55 year olds. A total of 75 respondents, 33% of all respondents who completed the questionnaire, did not answer this question.



3.18 Ethnicity

All respondents were asked what their ethnic background was and only twenty-one respondents did not answer the question. The spread of ethnic groups was distributed evenly as all groups are represented and additionally they mirror the practice ethnic groups' composition while only three per cent preferred not to answer the question.



Ethnic Background
Base: Total – all respondents answering (206)

4. Out of Hours

4.1 PPG Discussion on Out of Hours

The Out of Hours provision from Woodgrange Medical Practice was discussed at length during a PPG meeting and the following observations were made with regard to patient awareness and actions.

- When the surgery is shut there is a message on the surgery answerphone explaining that the surgery is closed and where to get assistance, the message then states if the patients holds they will be transferred to the out of hours service.
- Several PPG members had called the surgery during out of hours and felt that the message was clear and it stated what alternatives were available
- NHS Direct was seen as an alternative and had been used but in general members of the group felt that the advice was too general and from a set list of ailments/symptoms which didn't always fit and that too often the outcome was to call your doctor or visit A&E, rather than practical help or advice
- A&E at Newham General was also an alternative and members of the group had mainly positive experiences of A&E at Newham General and felt that the service had improved over recent years
- Other A&E services had been used and PPG members felt that they had experienced similar problems which included long waits and quite often rude staff and lack of information about treatment or whether or not they would be admitted or sent home
- Vicarage Lane Walk-in centre had also been used but there was a general lack of understanding of what could be treated where and where was the best place for someone to go to in an emergency or if they needed medical treatment or attention when their GP surgery was closed or they could not get an appointment. For example what could be treated at the walk-in centre i.e. do they have an X-ray machine or would you need to go to A&E for a suspected fracture.

4.2 The Out of Hours Action Plan

The Action Plan from the PPG with regard to Out of Hours Access is as follows:-

- Clarify the minor ailments scheme to all patients, as many people are not aware that patients can access prescriptions from their pharmacy through this scheme without seeing a doctor as it is not just an advice and/ or OTC service
- look at creating a practice wide leaflet outlining the different services to enable all patients to understand which out of hours services are appropriate in which circumstances
- Recommend the Practice suggest to the CCG a Borough wide campaign to remind everyone where services are possibly via the Newham Mag
- Providing an AV screen in reception for health messages to be relayed – this could include details of the out of hours services and may be in different languages too.

4.3 Practice Action Plan

- Update and re-launch the Practice newsletter
- Update the website to make information clearer and more user friendly
- Generate content for different platforms:-
 - Newsletter
 - AV screen
 - Patient guideline leaflets
- Undertake an audit for on line bookings to look at reasons for use
- Discuss and agree budget for PPG
- Link with other PPGs in Newham to consider role of PPG and future work streams

5. Conclusions and Recommendations

The conclusions and recommendations from this research are:-

- Advertise the practice website, awareness is high but could be improved and the repeat prescription service should be promoted
- Increased usage of the on-line appointment booking would decrease the demand placed on reception with regard to telephone calls and although only mentioned by a couple of patients alternatives should be explored such as e-mail contact with GPs
- Interest in the newsletter was fairly high and should be produced once a quarter although the idea of having hard copies in reception was not received that positively it may be worth having them available for the first couple of editions to gauge interest
- The idea of having an AV screen in reception with health information or other useful information on there was received very well and is something that should be acted upon if not in all waiting areas, but at least in the main one when coming into the building

Questionnaire design needs to be reviewed for any further research as the age question was poorly answered as was Q5 when asked to rate how helpful aspects of the website were. Only 16 respondents answered the question correctly and as a result only broad analysis could be conducted for this question.

- It was also noted that the timeframe for undertaking the survey and work both before and afterwards was considerable, for future surveys this should be monitored and reported back to CCG to ensure that patients have adequate time to respond and the PPG time to consider actions appropriately.

APPENDIX 1:

Survey Questionnaire