

Patient Involvement Group (PIG)
Summary of the Patient Survey of Sedlescombe and Westfield Surgeries
January - February 2018

This summary should be read in conjunction to the Data Responses and Summary of Comments documents both of which can be found on our website at:

<https://www.sedlescombeandwestfieldsurgeries.co.uk/pages/Patient-Involvement-Group---PIG>

The Survey was constructed by members of the PIG after reference to staff and input from many other surgeries where similar surveys had been conducted. It was designed to reflect the issues that were felt would be of value in developing the service through a better understanding of the views of patients.

The survey was available on the PIG area of the Surgery website and also available in paper format in the two surgery waiting rooms from mid January to the end of February 2018.

Outcomes:

The doctors, managers and PIG members are fully aware of all the comments and data generated by this survey. This evidence has been very carefully considered and we have focussed a good deal of attention on a number of key areas for development which will help to support the continuing improvement of service.

A very large proportion of respondents have made very positive responses and many comments were received applauding the service:

'I am truly grateful for this Doctors' practice and the people who work in it. The surgery has a very good feeling about it, even though it is very busy & life is demanding. Go on doing the great job you do, all of you'

'I have always found the Doctors and staff at the surgery helpful, polite and very caring. It seems to be a really good team that all work hard to support the health and well-being of the community'

A small number of critical comments have been recorded and these have been examined closely to establish what actions are required and who has the remit to carry these forward.

Key areas identified (generally where there is a less than 90% satisfaction or awareness rating). The PIG will work with staff to address the following where this is possible.

- 1. The use of online and electronic access to services** including website design and use for repeat medication, booking appointments and to find information about services, including the possibility of Facebook access.

The surgery has a range of access possibilities via the internet. Some people have difficulty in getting online at all or with poor connections in this locality, some do not want to use the

technology or cannot. Some people regularly use many aspects of the website others have found access difficult or frustrating or are not aware of what is available. A minority of people do not like the electronic sign in process and would prefer to speak to a person. Most people seem to be getting familiar with it. Regarding Facebook pages for the surgery. This was substantially rejected by respondents to the survey and had previously also been carefully considered but eventually rejected by the PIG, in part because of potentially inappropriate or anonymous use.

2. Priorities for different methods of booking appointments and telephone appointments

People are pleased to be able to access appointments both ahead of time (particularly those who work full time) and in urgent and very pressing circumstances. Busy phone lines can still be an issue at peak times, some patients prefer to book face to face. Booking online is currently under used and could in part reduce the pressure on the telephone system. A growing number of patients are aware of and have used telephone appointments when appropriate.

3. Waiting times at appointments and increased pressures on the system

Many respondents recognised that at times appointments do not run to time and were sympathetic to the reasons behind this. Many had seen the screen presentation on this. 67% of patients had never had to wait more than 15mins beyond their allotted time. Some people did not know that it is possible to book a double appointment if this was required, some commented that 10mins is insufficient. Some people also commented that pressures on the surgery are increasing and that they recognised everyone was doing their best.

4. Support from staff

A substantial majority of people responded that on almost all occasions staff were caring, kind and supportive and did all that is possible to help and reassure them. A very few respondents reported that they had been dissatisfied, on occasion, with their interactions with staff. Some reported that they had a particular preference to see a particular Doctor or Doctors.

5. Some aspects of access to surgeries and facilities

Although not a question in the survey a number of people have raised questions regarding access to some parts of the buildings, toilet facilities, reading screens and similar problems at the Sedlescombe Surgery. These are being addressed – Sedlescombe Surgery is not owned but is rented from a Private Landlord, who has engaged a Surveyor who visited the Surgery in early May to assess the standard of the building and make recommendations to the Landlord on our behalf. References to ‘access to the Surgery’ under the Disabilities Act will be notified to the Landlord who may make changes where reasonable.

6. Access to wider support on daily living needs

A growing part of the role of the PIG is to consider and if possible to support the degree to which the surgery is connected with other community services, not only medical. The question on advice on daily living needs produced a 75% response of no, not applicable/don't know. With an aging population in our catchment area and challenges in terms of resources this is an area for further investigation which is already underway.

7. Knowledge about the PIG

We were very pleased to know that nearly half of respondents now know about the PIG and have some idea about what we do. We have been asked to continue to be more visible and to continue to communicate through the local media and in the surgery. A number of comments were very positive about the importance of our role.

Key areas identified (where there is a higher than 90% satisfaction or awareness rating).

8. Respect, involvement and information on decisions about health

Responses in this area of the survey are extremely positive for a high proportion of patients however as would be expected in any organisation, some people are dissatisfied with some aspects of service or relationships. However this represents a very small proportion of respondents, (between 2% and 5% in some questions). Those issues that are raised are in regard the perceived behaviour of individuals but are countered by many positive comments from other patients. As reported above some patients have expressed strong preferences about which staff they wish to see. These responses are mirrored in the Friends and Family Survey data.

The proportion of “dissatisfaction” can be regarded as “usual” in a “Good” practice (refer to the CQC report defining the Practice as Good), which is available on the surgery website.

People responding:

The breakdown by age group, gender and ethnicity of respondents is included in the results. The data shows that 194 people responded to the opportunity to participate in the survey. Only one response was in electronic format, all others were completed either in waiting rooms or taken home, completed and returned in paper format.

Although the number of responses (194) appears to be a quite small proportion of the Practice patient population (6200) 3.13%, this outcome was compared with informal data from other surgeries locally and further afield and is considered acceptable and broadly representative. Other sources reported a much lower return rate.

It is noted that the majority of the respondents are in our two older age groups of patients, (excluding “declined to answer r& N/A” - 12%), there were 19% of responses from 45-59s and 52% from aged 60+ patients. However these proportions do accurately represent the daily “footfall” of those most often attending the surgery. In future however we would wish to extend both the number and the proportionate sample of patients in any further research.

It was also noted that (excluding “declined to answer & N/A” responses) there was a 55% response from females and 33% from males.

People providing contact details or not were 50% in each category.

Of the people who made comments 35% provided contact details and 30% did not.

Marital status and ethnicity information is also available in the Data Responses document.

A large sample of the comments received is published in the Summary of Comments document.

All data based responses (ticks in boxes) are reported in the Data Responses document so that outcomes can be clearly identified.

*Kevin Katner – Chair of the Sedlescombe and Westfield Surgeries Patient Involvement Group.
16th May 2018*