

**SADDLEWORTH MEDICAL PRACTICE**

**ANALYSIS OF THE SURVEY CONDUCTED UNDER THE DIRECT  
ENHANCED SERVICES GUIDANCE  
AND AUDIT REQUIREMENTS 2012**

**1<sup>st</sup> March 2013**

**A Collaboration Between SMP and SMPPPG**



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## 1.0 Background

1.1\_ The Saddleworth Medical Practice is on 2 sites, the larger in Uppermill and a much smaller provision in Delph. It has 13.800 patients with 9 doctors.

1.2 Together the 2 sites are insufficient to meet all needs. Plans are going through the Local Authority to re-place the Delph site with a more extensive building. This will go some way to resolving the lack of space. It remains to be seen whether it will be large enough to meet all the increasing expectations for more work in the community.

1.3 There have been some alterations at the Uppermill site in the past 18 months but space remains a problem in the Uppermill waiting area. It is a constraint on communication with patients by whatever means.

1.4 Last year the Patient Participation Directed Enhanced Service (D.E.S.) for the General Medical Service Contract survey concentrated on two aspects - communication and carers. Both these issues were carried out in full consultation with a Patient Participation Group (P.P.G.) which had existed for nearly 5 years at the commencement of the survey.

1.5 An action plan was devised including the provision of a television monitor in the main waiting area in Uppermill. This screen aims to inform patients about health and other issues relating to the practice. Additionally a member of the P.P.G compiled folders which are now readily-available in waiting areas at both Uppermill and Delph. These again give health tips and general information about the practice.

1.6 The recognition of all carers for any practice is not easy. The reasons for this are many. After last year's survey attempts have been made to increase carers known to the practice; these have included the publication of the quarterly P.P.G. newsletter in June, 2012 exclusively aimed at carers and the support available.

1.7 A sub-group of the P.P.G. meets twice monthly. It caters for those with memory difficulties and their carers. During the year there has been a further letter to patients with a new diagnosis of dementia, inviting them to join this group for support. Additionally a notice board exclusively for carers has been designed in the foyer at the Uppermill surgery.

1.8 A third issue in last year's survey was knowledge of the P.P.G. Only 38% of the responders knew of the group. The mission statement of the group is: *'to represent the views of the patients and to ensure that they have a voice that enables their needs and level of healthcare to be delivered.* For this to be achievable it is essential patients are aware of the group's existence. To counter this lack of knowledge photographs of the group are now on the P.P.G's own notice board in

Uppermill with plans for a similar provision once the new building at Delph has been completed, hopefully during 2013. Members of the P.P.G. have continued to distribute the quarterly newsletter at Uppermill again aimed at heightening patients' awareness of the group.

1.9 During the early part of 2012 the P.P.G. recruited the Youth Development Officer (Y.D.O.) for the Saddleworth area as a fully-fledged member. Her arrival made the P.P.G. conscious of the service given by the practice to those up to and including 25. The average age of the P.P.G members is over 60 and communication with the younger generation in these days of twitter, facebook etc. can be difficult. For some P.P.G. members social media communication can be like a foreign language. For the 2011-12 survey patients under 16 were not included. Only 3% of respondents were in the 16-25 age group. In consultation with the P.P.G. it was decided this year's D.E.S. should concentrate on patients up to and including 25. (Appendix 1)

1.10 Again this year, it was seen with this age group there was a need for an emphasis on carers. It was also considered important to look at prevention which would involve working more extensively with other agencies.

## 2.0 **Methodology**

2.1 A draft questionnaire was devised which was to a large extent modelled on last year's. In Oldham the status of the Youth Council is unique nationally. Oldham Council is the first Local Authority in the country to recognise its Youth Council with full constitutional rights. The Saddleworth and Lees Youth Forum's members provide information to and are supported by the Youth Council.

2.2 The wording of the draft questionnaire was amended after consultation with the Saddleworth and Lees Youth Forum and some additional questions were added to explore the needs of the chosen age group.

2.3 The recognition by the Local Authority of the Youth Council gave the decision to work through this group added status for the D.E.S. survey.

2.4 The survey centred largely on Saddleworth School which takes 11-16 year olds. These pupils were also members of the Satellite Youth Centre located in Greenfield. The youth team offers regular drop in sessions at the school and some extra sessions were added to increase the opportunity for young people to take part. The surveys were handed to individuals who said they attended the practice.

2.5 Surveys were also sent out by post to patients who were over 16. These were given out at Saddleworth Children's and Youth Centre; offered to patients as they attended the practice as well as being left in the Uppermill library. Altogether 380 were distributed. A copy of the questionnaire is attached.

2.6 The Practice has exactly 2000 patients between 11 and 25, i.e. the target group. The table below gives the figures for the four age groups selected. The dip in

the number of patients in the 18-20 age range suggests that many leave the practice to go to University or other establishments out of the area after leaving school.

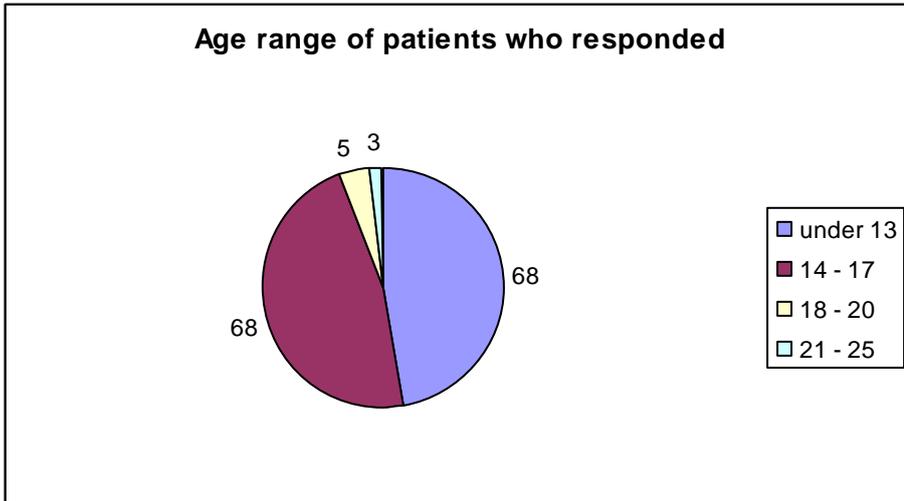
2.7 The original date for submission of responses was 30<sup>th</sup> November, 2012 but the poor response to those aged 17 and over was recognised. Consequently more questionnaires were given out in the surgery up to 31<sup>st</sup> January, 2012 but with virtually no response. This age group rarely attend the practice.

### 3.0 **Responses**

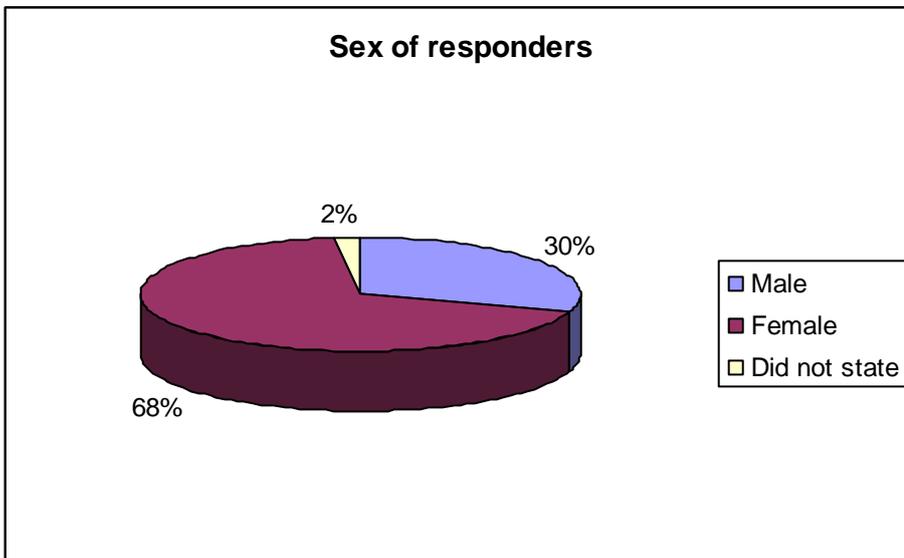
#### **Age Group of Respondents**

Age Group	11-13	14-17	18-20	21-25	Total
Number of female patients	233	328	132	248	941
No of respondents	47	45	3	3	94
Percentage	21.7	14	2.3	1.3	10
Number of male patients	240	347	210	262	1059
Number of respondents	19	22	2	-	42
Percentage	7.1	6.3		0	3.9
Number of respondents who did not identify with a gender	2	1			3
Total patients	473	675	342	610	2000
Total respondents	68	68	5	3	144
Overall percentage fo respondents in age group	14.4	10.7	1.5	.5	7.2

**Fig 1 Number of respondents by age**

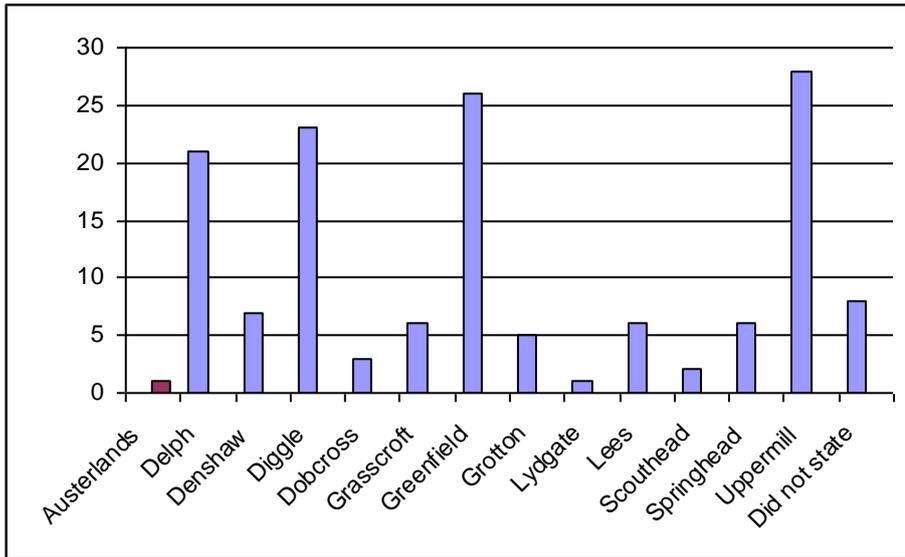


**Fig 2 Percentage split by gender of respondents**



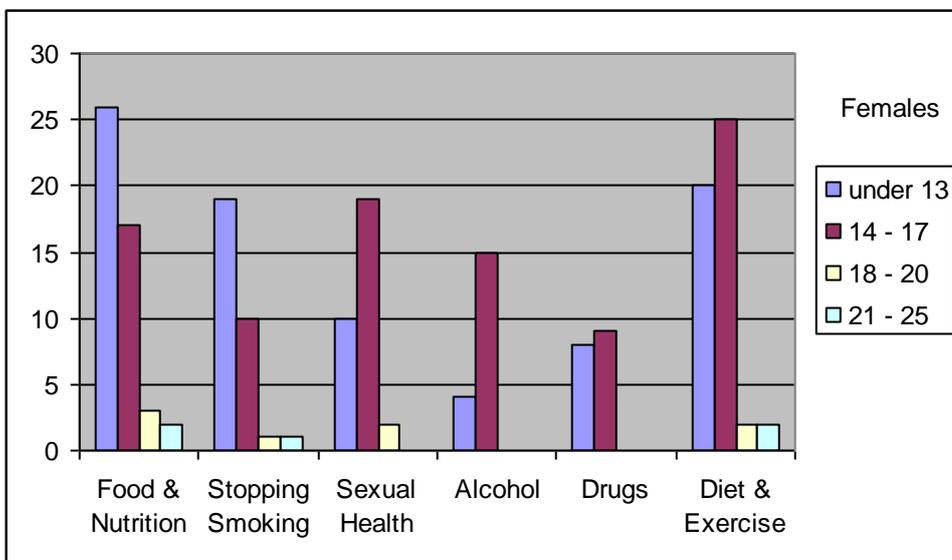
Questions.1 and 2 As last year more females responded than males

**Fig 3 Geographical spread of respondents**

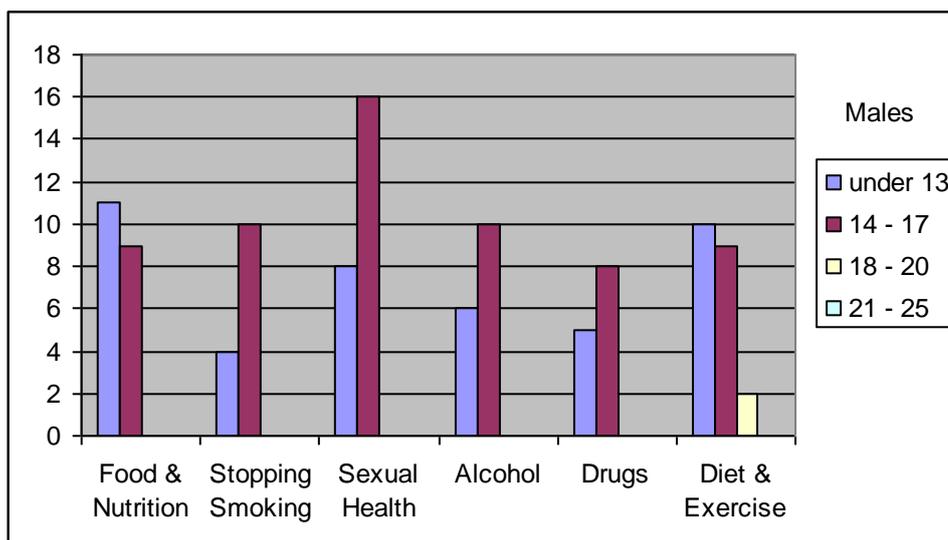


Q.3.1 Saddleworth is a largely rural area and figure 3 indicates the dispersed location of the practice's patients, highlighting travel as an issue. Whilst having 2 sites goes some way to counter the distances patients have to travel to the surgery it can be 3 or even 4 miles to travel to the nearer surgery.

**Fig 4(a) Health Living Advice: female priorities**



**Fig 4(b) Health Living Advice: male priorities**



Q.4.1 Patients could tick all 6 boxes, if they wished, and most ticked more than one. The heading '**Healthy Living Advice**' was worded as positively as it was felt possible: '*What would you like to see the practice provide in terms of healthy living advice?*'; 'food and nutrition' and 'exercise and diet' were seen as positive. The other 4 questions were included to see what preoccupations the respondents might have.

Q.4.2 The numbers responding under the 2 positive headings were virtually identical for both males and females. For both sexes it was around 50%. It was reassuring the main thrust of the responses could be seen as positive.

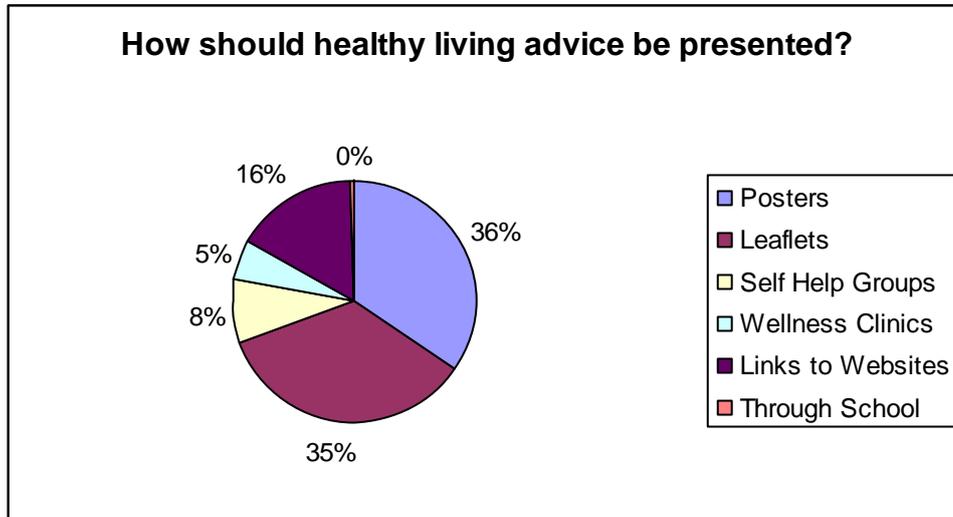
Q.4.3 It is worth noting:

- 56% of the males wanted advice on sexual health. This contrasts with 31% of the females.
- 32% of the males wanted advice to stop smoking, an almost identical percentage for the females – 31%. Over 35% of the 11-13 females wanted advice to stop smoking.
- Queries about alcohol and drugs were: females 30%; alcohol 37%. For males 17% and alcohol 20%

**Q.4.4 It is recommended the practice liaises with the Oldham Alcohol and Substance Intervention Service to explore the best ways to advise this age group when there are problems with substance misuse. This information could be contained in the various methods of communication cited throughout this paper.**

**Q.4.5 The practice to promote awareness workshops available to young people to address issues around sexual health. Basic information and links to information to be included in a patient booklet.**

**Fig. 5**



**Q.5.1 Through the Y.D.O. an effective link is already being forged with Saddleworth School. 35% felt that healthy living advice could be presented through this contact and it is recommended discussions take place with Saddleworth School to maximise the impact of this relationship for patients in the school's age group.**

**Fig 6**



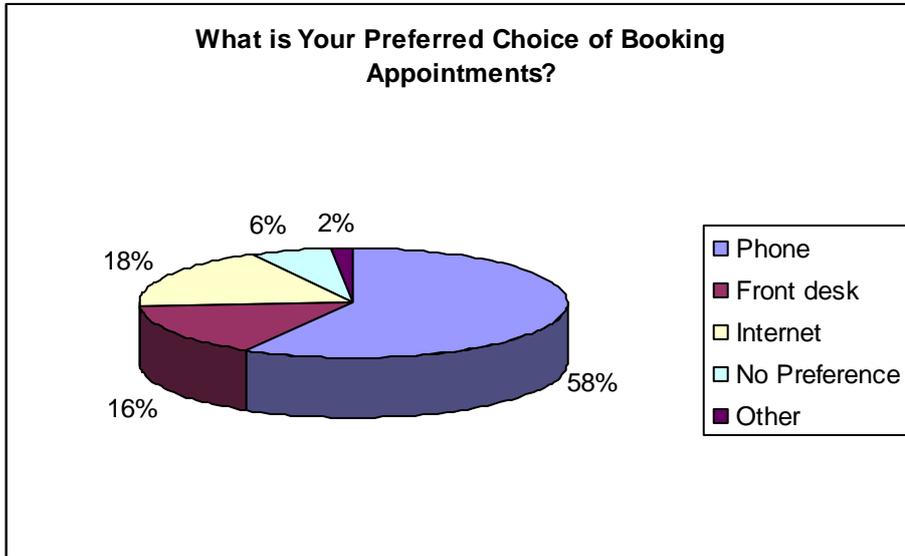
Q.6.1. In these days when a more versatile approach to the various avenues into medical services is advocated the range of the sources used is re-assuring. It is perhaps disturbing, however, that 46 out of 144 (32%) sought advice from the walk in centre. After the questionnaire had been completed by respondents the Y.D.O. discussed with respondents why they used services in Oldham town centre when information and services were on offer in their local practice. The main reason identified was concern around confidentiality and what information would be shared with parents. In anticipation of this, a statement had been printed on the questionnaire explaining the practice's confidentiality policy. In retrospect the statement should have been on the front of the questionnaire, not the back, where it was seen after the questions had been answered. It should also have been in bold typeface. The number using the internet is not surprising with this age group. It is good the school nurse is used to the extent indicated; another reason why contact with the school should be intensified. In their answers to question 15 about *'changes to the reception area'* 3 made comments about the lack of privacy. Additionally 2 replied similarly to question 14.

**Q.6.2 It is recommended a booklet covering confidentiality and other health topics is compiled for this age group. To be available at the school, in the practice and at the local youth premises situated in Greenfield and on the mobile youth facility in the area. A specific practice booklet for this age group could be a way forward. The funding stream will need to be identified. This work to be carried out in collaboration with the Health & Wellbeing Sub-group.**

Q.6.3. One of the first initiatives by the P.P.G in its early days was to ask the Primary Care Trust to install a screen adjacent to the receptionist in Uppermill where patients could talk in relative privacy to the receptionist or whomever. This screen has in effect become a further notice board and although the screen is used as intended on occasions, its purpose has largely been undermined simply because it is known by few why it is there.

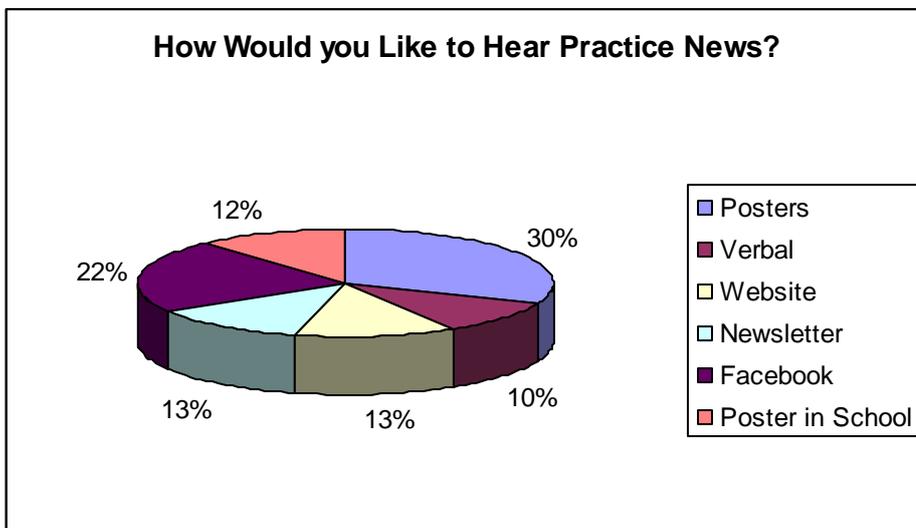
Q.6.4 It is recommended all notices are taken down from the side of the confidential screen in Uppermill facing the waiting area. 'Confidential screen' in bold type in large pint should be the only wording remaining.

**Fig 7**



Q.7.1 Unlike some other practices Saddleworth does not have the capacity for internet booking of appointments. The practice does enjoy what is reported locally as being one of the more versatile appointment systems in the area. It was expected that more respondents would prefer to use the internet for appointments. In their responses only 5 made negative comments about the appointment system

**Fig 8**



Q.8.1 As indicated earlier, last year the age group surveyed this year had been largely excluded from that survey. It is worth noting 74% of the respondents preferred to either phone or call at the surgery to book an appointment. It was anticipated other social media would feature much more and it has to be borne in

mind that 6% had no preference. Nonetheless social media are an excellent means of communication with the age group and **it is recommended various social media should be developed to increase communication with the age group surveyed. This to be carried out in collaboration with the Officer on the Clinical Commissioning Group with responsibility for Children's services.**

Q.8.2 The website was re-constructed 4 years ago largely through the expertise of a member of the P.P.G. who has now left. A website is a good means of communication with this age group and **it is recommended a section on the website is developed accordingly.**

Q.8.3 The summer issue of the newsletter in 2012 was exclusively for the group surveyed and **it is recommended one page exclusively for this age group should feature in future quarterly newsletters.** This can be detached and distributed as opportunities arise. The number who wanted information displayed in school again indicates that some greater liaison with the Saddleworth School could be beneficial for its intake of 11-16 year olds.

Q.9.1 As indicated in paragraph 1.8 above 38% of the respondents knew of the P.P.G. last year. This year, with the younger age group only 12% were aware of its existence. The benefits of having the Y.D.O. on the P.P.G. group have yet to be fully-realised and with the increased contact with the age group through the Y.D.O. this lack of knowledge is likely to diminish.

Q.10.1 A slightly lesser number had seen the newsletter. The difference may indicate no more than a lack of awareness the newsletter is produced under the name of the P.P.G. in collaboration with the practice.

Q.11.1 As mentioned in Paragraph 1.5 a television monitor was installed in the Uppermill surgery after last year's survey. The continuous repetitive presentation is a mix of advertisements and health tips. From the outset there have been reservations about its location but the building does not lend itself to a better site. Many replies suggested the screen should screen scheduled television programmes such as *'The only way is Essex'*. This was not the purpose of the question and no action will be taken to install any television programmes.

Q.11.2 Nonetheless there were some useful observations about the possible development of the T.V. screen's usage. The most dominant was 'healthy living advice' (24 times); smoking, diet, drugs, sexual health (all 6); more about doctors themselves (again 6); how to prevent 'flu and healthy eating (both 4). Another feature identified was 'more about doctors themselves' (6). In the folders mentioned in paragraph 1.5 above includes the doctors' specialist interests and there are plans to put up the photographs of all the doctors in the waiting room at Uppermill shortly.

Q.11.3 A review is currently taking place with the contractor about the effectiveness of the T.V. monitor and **it is recommended any modification should include slots for the age group surveyed.**

Q.11.3 With anonymised responses there is the wish to know why the responses have been made in the manner they have. One telling response was from a patient who said: *'non smoking things because my granddad died partly of that'*.

Q.12.1 The identification of young carers, as with all age groups, is never easy. The realisation by the patients that he or she is viewed as a carer is one issue. The anonymised replies did nothing to identify the 13 who gave an answer under this heading – 7 females and 6 males. A Young Carers' group is in the embryonic stage of development. **It is recommended, where permission of the patient is given, the Young Carers' group works with the practice to explore what additional provision should be given by the practice to support the carers.** It is hoped the work through the Y.D.O. and the Saddleworth School will help with identification. Noteworthy comments received to *'how could the practice help improve your quality of life in terms of your health?'* included: *'yes it would'*; *'house visits regularly'*; *'advising on how to help myself and those (note the plural) I care for'*; *'more time for you'*; *'skill work'* and *'advice'*.

#### 4.0 **The Constraints of the Buildings.**

4.1 The constraints of the building have already been mentioned in paragraph 1.3. For presentational reasons the answers to questions 13 – 16 have been mentioned in previous paragraphs but the constraints of the current building are worth mention which are probably not totally appreciated by many who use the surgery. The lack of privacy has already been mentioned in paragraphs Q.6.1 – 6.4. 8 made comments about the lack of space. ***The way in which the rooms are configured makes it impossible to satisfy this need.*** Ten respondents requested the presence of a receptionist at the front desk all the time.

4.2 15 commented on the lack of space. 11 thought it could be more colourful; 7 more modern and 6 more comfortable.

4.2 In contrast in response to question 13 *'Do you feel the practice could improve?'* 41 were clearly happy with the practice (28%). For question 14 *'What do you like most about your practice?'* 60 made specific complementary remarks (46%). Many did not answer questions 13 and 14.

#### 5.0 **The Role of the Health and Wellbeing Sub-Group**

5.1 Administratively Oldham Council is divided into 6 District Partnerships. There is an overarching Health and Wellbeing Group for the whole of the Borough but each district has its own sub-group. Uppermill is in the Saddleworth and Lees area group. The P.P.G. is represented on that sub-group by the Practice Manager, the Y.D.O. and the Chair of the P.P.G. In January, 2013, the sub-group split into 3 groups each of which will concentrate on looking at prime needs of the particular age groups. One group looking at 0 to 16 year olds included the Practice Manager and the Y.D.O. **It is recommended there is close liaison with the health and wellbeing sub-group to ensure there is synergy between the work of the P.P.G. and the health and wellbeing Saddleworth and Lees sub-group for the 16 and under age group.**

6.0 **Summary**

- 6.1 The prime aim of the survey this year has again been communication and the identification of carers and the support they need but within a very specific age group which has been largely neglected in the past.. An action plan is attached which has been discussed with the doctors in the practice and at a meeting of the P.P.G.
- 6.2 The practice recognises the need to work with patients and to try to meet their needs. Just as importantly, to work with other agencies who can enhance the service given by the practice in particular in a preventive role. Involvement of the school largely through the Youth Development Officer is crucial for the needs identified in the survey to be fulfilled.
- 6.3 For the work identified in paragraph Q.6.2 to be carried out a funding stream will need to be identified.