## SMP survey 2019 - summary

## Notes

- The majority of responses came from patients waiting for appointments and a few were made online.
- Where questions have remained predominantly the same, comparative figures are given in brackets. N/A indicates a new question.
- In many cases it was found useful to repeat questions unchanged for this survey however it was felt that the question about overall satisfaction was too open to misinterpretation and was not repeated. Furthermore, it is already asked in the NHS GP survey. Nevertheless, some participants questioned why this wasn't asked.
- Again the survey was two sides of A4 so could be contained on one sheet and it was felt that patients found this more manageable and were more inclined to participate.
- Note that percentages will not necessarily add to $100 \%$ either where more than one answer was invited, or because of rounding or because not everyone answered that question.


## Who responded to the survey?

- 213 (169) respondents - this year we covered more hours and especially the early morning sessions (particular thanks to those who turned up for those!)
- $33 \%$ (34\%) of those declaring gender were male and $60 \%$ ( $66 \%$ ) female. $1 \%$ declared as other ( 2 people this year and 1 last year). A further 12 people did not respond.
- There was a very good age-group representation across all ages from under 16 to over 85
- This year $68 \%(70 \%)$ of were White British and the remaining responses were generally well-spread across other ethnicities apart from $5 \%(9 \%)$ who chose not to respond.


## Satisfaction with service

This question was not asked but the response in the NHS GP survey to this question was $86 \%$ (92\%). See NHS GP survey for more information

## 1 Communication with Practice

Take up of online access was higher than last year for appointments but disappointingly similar for repeat prescriptions and test results.
$38 \%$ (31\%) are using online appointment booking
28\% (N/A) use to cancel appointments
24\% (26\%) requesting repeat prescriptions
$14 \%$ (13\%) viewing test results
High numbers are still using the phone:
$62 \%$ for appointments
$47 \%$ to cancel
23\% for repeat prescriptions
57\% for test results
Online access is clearly a service which could be promoted further to patients.

## 2 How much exercise is taken

Of those who responded,
$14 \%$ (20\%) exercised rarely or never
37\% (34\%) exercised 1-3 days per week
28\% (23\%) exercised 4-6 days per week
19\% (21\%) exercised every day
This year, results were distributed across age groups with no real conclusions as to who should be targeted. Those who exercised rarely or never were surprisingly evenly spread across ages 25 $85+$ and equal numbers of males and females. Nevertheless $20 \%$ is a significant group who could do more. Since 1-3 days is also considered inadequate nowadays it means overall $54 \%$ of patients take insufficient exercise and this could be a useful focus.

Here are the figures across age groups. Genders were evenly spread too.

| Age group | Rarely <br> or never | $1-3$ days | $4-6$ days | Every day |
| :--- | :--- | :--- | :--- | :--- |
| $85+$ | 4 | 1 |  |  |
| $75-84$ | 5 | 15 | 3 | 5 |
| $65-74$ | 3 | 8 | 10 | 2 |
| $55-64$ | 5 | 14 | 8 | 6 |
| $45-54$ | 4 | 16 | 13 | 8 |
| $35-44$ | 3 | 11 | 8 | 6 |
| $25-34$ | 4 | 5 | 12 | 9 |
| $17-24$ |  | 3 | 2 | 4 |
| $U 16$ |  | 3 |  |  |

### 3.1 Activities

People expressed interest as follows:
57\% Walking
35\% Fitness class
35\% Swimming
22\% Gardening
21\% Dancing
18\% Cycling
16\% Running
6\% Walking football
3\% Walking netball
$10 \%$ Other suggestions were either duplication or not useful.
3.2 Amount patients would pay for exercise activity (new question this year)

46\% £5.00
$18 \% £ 7.50$
$8 \% £ 10.00$
$24 \%$ would only attend free activity
$6 \%$ Other suggestions were either duplication or not useful.
A few patients expressed concern about this question thinking it was a sneaky way to introduce charges.

### 4.1 Awareness raising

This time, three topics stood out:
52\% (41\%) Diet/healthy eating
47\% (42\%) Healthy activities locally
44\% (N/A) Mental Well-being
These were followed by:
31\% (28\%) Diabetes
30\% (25\%) Cancer
26\% (26\%) Heart Problems
26\% (N/A) Arthritis
20\% (N/A) Insomnia
19\% (15\%) Prostate
18\% (14\%) Stroke
17\% (20\%) Asthma
16\% (16\%) Osteoporosis
15\% (N/A) Sexual Health
10\% (11\%) COPD
6\% (N/A) Essential Tremor
Other suggestions made were mostly variations on the topics offered.
We need to ensure this list is consulted before next year's survey.

### 4.2 Ways to receive information

45\% (39\%) Leaflets in the waiting area
44\% (35\%) Practice Website
42\% (35\%) Electronic display in waiting area
23\% (20\%) Awareness day/week
9\% Other - mostly other online sites

## Comments following the survey

- Overall this was another useful survey.
- Many thanks to PPG members for their help and to HS for entering results!
- There is concern about the health implications for PPG members and patients passing biros from hand to hand and this needs to be reviewed.
- There was also concern about PPG members wearing lanyards saying "staff" as this could be misleading to patients completing the survey. We need to look again at how PPG members are identified.
- Occasionally patients were reluctant or even aggressive - it can be a difficult job for PPG members. Some guidelines are needed if this is to continue in the present form.
- In view of the survey findings on use of online services and also the points above, we should consider conducting the survey entirely online next year and to use the PPG presence in waiting areas to promote use of online services.


## Ideas for "you said, we did..."

- The findings should inform choice of awareness raising sessions - particularly prioritising diet/healthy eating and mental well-being.
- Local walking opportunities should be promoted amongst patients.
- If we were thinking about promoting activities which are not free, we should consider primarily those up to $£ 5$.
- We should review how health information is distributed - people do like leaflets so provision of these should be improved.
- We should also review the Practice website to ensure that health information is clearly signposted.
- We should look at ways to encourage online access.

