

The Border Practice

Patient Reference Group Report on Progress, Actions and Methodology 2013 / 2014

The purpose of this report is to document The Border Practice progress on the Patient Participation DES. This is the third year of a three year national project designed to increase patient feedback to the surgery.

All our patients are welcome to give feedback via this group, whether it be the virtual or face-to-face group. Just ask to sign up at reception and you will soon be contacted.

If you join the virtual group we will contact you once or twice per year for your views, thoughts and opinions on how we and the NHS are doing. The Face-to-Face group meets at least four times a year to discuss matters relating to the surgery and the NHS as a whole at more length and to assess documents.

Results of our surveys will be shared with our patients via our web site and in practice.

The following is a summary of our work during the 2013 / 2014 financial year.

Stage One

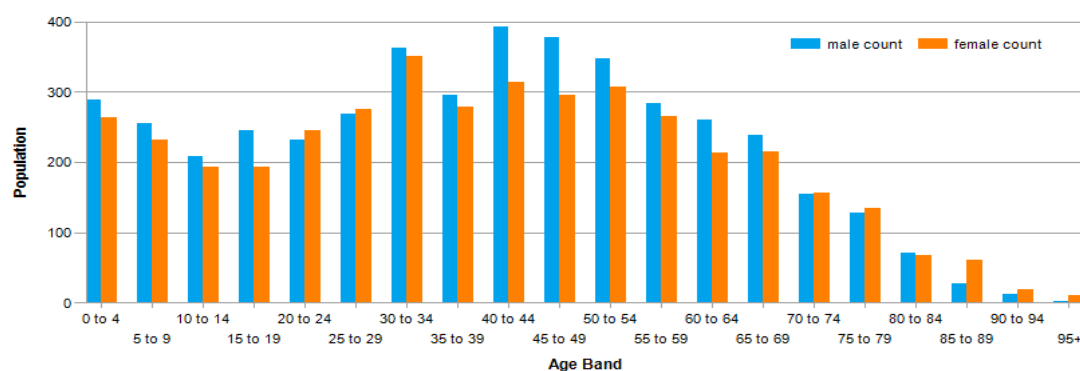
Develop a structure that gains the views of patients and enables the practice to obtain feedback from the practice population.

We further built on the structure put together during the last two financial years. We have a core PRG group of 8 who meet in practice once per quarter to discuss aspects of the surgery and our surveys. This group remains with the same breakdown as last year; 7 x over 65 year old men and women. We had one working Mum on the group but sadly due to a change in her work patterns she had to resign her position. We have unsuccessfully tried to recruit a replacement this year. We have a virtual group who are signed up to complete on-line surveys during the year. This group now has 473 members which we feel is a good size. We have added to the names on this list throughout the year by advertising on our waiting room display, clinicians and the reception team mention the group to patients and we have information on our web site. We also again used the successful tactic of adding a line for sign up about the group on the bottom of our flu information sheets.

The practice has a list size of 8,600 patients and broadly covers Aldershot and the surrounding area near the Surrey / Hampshire border. We felt that we already had a good understanding of the practice demographics, however, undertook reassessment of this via various data sources, including the Purples Pages, local internet based demographic information sources, council and governmental demographic information, to ensure this was correct. We then assessed the 'average' demographic and ran a series of reports on our patient list to see if this dovetailed. This was a repeat of the process that we undertook the last two years and see little change to demographics for our particular surgery; however, there is an increase in some ethnic groups in the local area. Our clear majority practice population is white British. For information we attach two concise Hampshire County Council summaries. One is the Equality and Diversity Profile for Rushmoor and the other Trends in Ageing across Rushmoor. Both carry pertinent and interesting information for our future planning. Additional information has also been gained from the new Primary Care Web Tool.

Practice population profile		PRG Response Profile		Difference
Age				
% Under 16	19.3	% Under 16	0.0	-19.3
% 17 – 24	8.48	% 17 - 24	1.4	-7.1
% 25 – 34	14.61	% 25 – 34	7.6	-7.0
% 35 – 44	14.99	% 35 – 44	7.6	-7.4
% 45 – 54	15.40	% 45 – 54	11.7	-3.7
% 55 – 64	11.95	% 55 – 64	20.7	8.8
% 65 – 74	8.93	% 65 – 74	39.3	30.4
% 75 – 85	4.77	% 75 – 85	11.0	6.2
% Over 85	1.58	% Over 85	0.7	-0.9
Ethnicity				
White	91.9%	White	95.9	4
Mixed	1.2%	Mixed	0	-1.2
Asian or Asian British	2%	Asian or Asian British	1.4	-3.5
Black or Black British	1.9%	Black or Black British	0	-1.9
Chinese or other ethnic group	1.6%	Chinese or other ethnic group	0.7	-0.9
Other	1.5%	Prefer Not to Say	2.1	
Gender				
% Male	52.0	% Male	50.3	-1.7
% Female	48.0	% Female	49.0	1
Practice Specific Care groups				
Learning Disabilities		12		Not stated in responses – see note below
Carers		28		Not stated in responses – see note below
Disabled		10 coded		1
Specialist Care Group		33.6%		Our PRG Core group felt wording should read ‘Specialist Care Group’ rather than ask specific question on what type of disability the respondent may be.

The graphic below shows our latest Age/Gender breakdown and these broadly reflect that of the whole of the NE Hants area. We still show a slightly higher male 0-4 year olds, 40-44 and 60-64 than average compared with the rest of the NE Hants area. In the female area we have slightly more 25-29 year olds, fewer 9 to 14 and lower 20-24. Our demographics remain broadly the same as last year with a few minor differences in totals. We have seen some pleasing changes in the demographics of responses, which are detailed later in this report.



We again decided to use the following methods to publicise our second survey. These had proven successful last time.

- Keep the slide in our Waiting Room PowerPoint presentation about the PRG and ask for volunteers. The presentation has been very useful in conveying information to patients since its introduction. We find that patients will speak to members of our team about the contents and notice when new information is added.
- Again invest in the additional cost of double-sided printing of flu invitation letters. The reverse will carry information on the PRG and our aims, as well as some information on various other services.
- Use the very successful 'Flu Forms' and when patients come to flu clinics give them forms to complete whilst waiting with a section about the PRG and if they would like to join.
- Place a sign up sheet at the reception desk for patients to give us their email addresses.
- Change our web site link to the new survey once it is complete.
- Copies of the new questionnaire to be placed at reception once it is produced.
- Write individual letters, explaining our aims and goals, asking various specific target groups, such as carers of LD children/adults, 'general' carers, disabled patients, certain ethnic groups etc to join.

We feel that we have a good cross section of patients in one or the other of our groups as you can see from our results this year. We have improved age range, better male to female response ratio, better ethnic group response rate and more people who class themselves as in specific care groups.

Stage 2

Agree Areas of Priority

At our PRG meeting on 29th October 2013 the core group PRG group were updated on the final results of Survey 2 sent out last financial year and the action plan. A total of 122 responses had been received, which everyone was pleased with. This is an increase over the result of 99 from the previous year. The results were discussed. The survey last year was based on subjects raised the year before so it was agreed to start a new series of queries this year. As there has been many changes to the NHS world recently and there are some 'hot topics', the agreement was made to base questions on these areas to find out what our patients think. A draft set of questions was distributed and the core group members asked for their opinions. These were circulated by email/letter on 22nd October, a week before the actual meeting at the surgery.

The questions to be put into the survey were discussed at length at this meeting. Our initial draft subjects are shown in the next paragraph. We discussed and prioritised them, assessed which were practical to further expand on, added additional questions and agreed on our final target question areas.

Draft questions were:-

- Q1. Gender
- Q2. Which category below includes your age?
- Q3. Ethnicity
- Q4. Do you consider that you have any physical or mental disability?
- Q5. As you probably are aware, we changed to a new Clinical Software system in May of this year. Part of the functionality of this new system allows us to send text reminders and messages to patients. What do you think of this capability?
- Q6. How do you find booking appointments and ordering prescriptions on-line via 'Patient Access'?
- Q7. There is discussion at a Government level to give patients access to their records on-line. Do you think you would use this facility?
- Q8. Would you have any concerns about the security of your information on-line?
- Q9. We are now open from 8am Monday to Friday. Do you think this was a good change for us to make?
- Q10. We continue to have Early Morning, Late Evening and Saturday surgeries. What do you think of the mixture of additional surgery hours?
- Q11. The Government are talking about GP surgeries opening 8am – 8pm, 7 days a week. What do you think of this?
- Q12. If we were open 8am-8pm daily, when do you think you would realistically visit your GP surgery? (You can tick multiple responses)
- Q13. With the backdrop of trying to save money in the NHS, how do you think we should deal with inappropriate Accident & Emergency attendance? For example those who attend for sore throats, colds etc instead for real accidents or emergencies. The average cost of an A&E attendance where no treatment is undertaken is £100.
- Q14. Did you see any of the area 'Keep Calm, Can you sort it yourself' campaign posters, advertisements or other marketing this time last year? The idea of this campaign was to raise awareness to help everyone understand when to go to A&E and when to use alternatives, such as pharmacies. The campaign will be running again soon this year.
- Q15. We now have a new NHS MSK Physiotherapy service based at the Practice 5 days per week. Do you think this is a good development?
- Q16. Do you feel that your GP / Nurse involves you in the decisions about your care?
- Q17. When you contact us to book an appointment, how soon do you usually need to see a GP / Nurse?
- Q18. When you arrive at the surgery how long do you usually have to wait to be called in in relation to your appointment time?
- Q19. We have seen a slight increase in the number of patients who Do Not Attend appointments. This is now just under 4% and means that if the patient does not cancel we cannot offer these appointments to other patients. How do you think we should handle this situation?

A final draft question list was produced and emailed to the group for final approval two weeks later. The final version questions are shown below and full approval received.

Final Questions for The Border Practice PRG Survey Number Three

- Q1. Gender
- Q2. Which category below includes your age?
- Q3. Ethnicity
- Q4. When did you last visit the surgery?

Q5. We recently improved our IT systems and moved to a completely new Clinical Software System. Part of that functionality allows us to send text appointment reminders and other messages to patients. What do you think of this?

Q6. How do you find booking appointments and ordering prescriptions on-line via 'Patient Access'?

Q7. There is discussion at a Government level to give patients access to be able to read their records on-line, although how and what this would look like is not yet clear. Do you think you would use this facility?

Q8. Would you have any concerns about the security of your information on-line?

Q9. We now open our reception and telephone lines from 8am Monday to Friday. Do you think this was a good change for us to make?

Q10. We continue to have Early Morning, Late Evening and Saturday surgeries. What do you think of the mixture of additional surgery hours?

Q11. The Government are talking about making us open 8am – 8pm, 7 days a week. What do you think of this?

Q12. Realistically, if we opened 7 days a week from 8am to 8pm, when would you want to come in for appointments? (You can tick multiple responses)

	8am-10am	10am – 12pm	12pm – 2pm	2pm – 4pm	4pm-6pm	6pm – 8pm
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

Q13. Did you see any of the area 'Keep Calm, Can you sort it yourself' campaign posters, advertisements or other marketing this time last year? The idea of this was to raise public awareness of methods of self-care for minor illness, such as care at home or asking advice of a pharmacy. This campaign will be running again soon.

Q14. We now offer an NHS Physiotherapy service based at the Practice 5 days per week. Do you think this is a good development that we should try and expand on?

Q15. When you contact us to book an appointment, how soon do you need to see someone?

Q16. How early or late are you usually called in to see the GP or Nurse in relation to your appointment time?

Q17. One final question, do you feel that you belong to any special medical care group?

Stage 3

Collate Views Through the Use of the Survey

The survey agreed with the face-to-face PRG was then put on Survey Monkey on 27th December 2013. We decided to send it out around Christmas/New Year as we saw an excellent response rate at this time last year. We felt that people may have more time to look at emails over the holiday period. The survey was also advertised and distributed as in Stage 1. A link to the survey was emailed to 473 virtual group members. Last year we emailed 415 surveys so we have extended the group by over 60 members in 12 months, which we are pleased with.

The table below shows the number of completed surveys. It shows a response rate of just over 31% which we are very pleased with. Our response rate was 25% last year. This response rate is excellent for this kind of survey and it represents 1.7% of our total practice population.

2013/2014 Survey - Number 3**Sent 27/12/13**

	Survey Links sent by email	Surveys Completed
Existing Group Email Addresses	473	145 – as of 15 th January 2014
Reception Sign-Ups & Flu Clinic Resp.	Copies left at reception.	
Individual Letters	20	
	493	154

Stage 4**Provide PRG with Opportunity to Discuss Survey Results and Reach Agreement on Action Plan**

At a PRG Face-to-Face meeting held on 25th February 2014 the Survey 3 results were discussed in detail. (Full survey results are shown below on pages 12 to 16.).

Our respondent male to female ratio was almost 50%/50% this time but with male in the slight majority this year instead of female, as last year. Our age banding was spread further with a response from a 85+ year old. There was additionally a stronger response in both the 55 - 64 and 65 - 74 groups.

Ethnicity was a slightly different mix with 1.4 Asian and 0.7% Chinese, all the rest were White British with only three patients preferring not to state ethnicity. This showed a higher level on non-white British responding than previous years.

76% of the patients had visited the surgery in the last three months, with 14% 3-6 months and the rest over 6 months ago. A higher number had visited within three months than last year (72%), with 3-6 months showing at 14% instead of 22%.

We asked if patients thought text reminders are a good idea. Almost all respondents answered this question. 72.7% said they thought it would be useful, 13.3% were not sure and 14% would not find it useful. This does correlate with some negative feedback we had received regarding text reminders. However, it still clearly has a strong following.

As we changed our clinical and on line systems this year we wanted to see how patients found the new system. 37.6% found it very easy, 30.8% easy, 21.1% average, 8.3% a bit tricky and 2.3% difficult. This was a pleasing result considering we had experienced some supplier related technical issues with the on-line side of the system the first week after migration.

Our next two queries were about patients accessing their records on line. We wanted to know exactly what patients felt about this and the security. 52.4% said they would access their records on line, 31.7% said they were not sure and 15.9% said they would not. Of the 145 respondents 30.3% said they would have concerns about the security of their information on line, 51% said it would concern them a little, 6.2% were not sure and 12.4% were not worried at all. This does show a high level of concern for security of information.

As one of our changes over the last 6 months, we trialled opening our surgery from 8am. We asked patients what they thought of this and nearly 84% said they found it a good move, 5.6% said they were not sure if they thought it was good or bad and 10.5% said it didn't affect them.

We then asked patients if they thought our opening hours were a good mix of days and times. 79% said they did, with 8.4% not sure and only 12.6% saying we could do with more selection. We are pleased with this result as it shows we have hit a good mixture for most of our patients.

As we were interested to know what patients felt about the Government proposed 8am to 8pm, 7 days a week opening we asked what they thought, with a more detailed follow up question. 45.5% said they thought these hours would be a great idea, 32.3% were not sure with 22.4% saying it was not a good idea, with some patients commenting they would be concerned about funding for the surgery and watering down of services during the week.

Our follow on question then asked patients when they would realistically use the surgery during these longer hours. Interestingly the majority would still attend during the week with 10am-12pm being the most favourite time every weekday. 99 patients would come in on Saturday morning from 8am-12pm, which we already offer, with 87 saying they would come in on Sunday morning about the same times. These figures are interesting and need further analysis to see what the detailed trends there are.

As a practice we believe that many of our issues could be resolved by improving patient healthcare education and by simply improving signposting to ensure patients know where to go and when. We decided to find out how many people had seen and remembered the 'Keep Calm' campaign. The results showed that 53.8% of respondents had seen one of the posters, adverts etc. 13.8% could not remember if they had and 32.4% said they definitely hadn't seen anything. This was a higher positive vote than we had expected as on asking patients on an ad-hoc basis very few appeared to remember it.

The question regarding our new MSK (Musculoskeletal) Physiotherapy service showed that 76.2% of patients thought this a good idea, 18.9% didn't mind either way and 4.9% thought it's probably something they wouldn't use. This shows the popularity of having services based in the surgery.

Lastly we asked patients how quickly they felt they wanted to see a GP when they made an appointment. The results showed 33.8% urgent, 47.6% within 2 days, 13.8% 3-5 days, 4.8% over 5 days. This breakdown broadly reflects our current balance of pre-bookable and on-the-day booking embargoes.

On asking how early/late our appointments run we see 6.3% 10 minutes early, 2.1% 5 minutes early, 42% on time, 30.1% 5 minutes late, 13.3% 10 minutes late and 6.3% 15 minutes late.

We then asked if the person answering felt they were in a special medical care group (this wording had been requested by our PRG). 33.6% said they were and 66.4% said no.

We then continued to Stage 5 at this same meeting.

Stage 5

Agree Action Plan with the PRG

All the results listed in Stage 4 above were discussed in detail at the meeting on 25th February and actions agreed. All actions agreed, noted and an Action Plan produced. The final typed up version was sent out to the PRG group, along with the minutes of the meeting of 25th February.

Final version of the Action Plan was agreed as shown below.

Action Subject	Description	Actions	Timescales
Text Messaging – Appointment reminders	Further to the responses to our questions it's clear that not all patients like text messaging, however, a majority do.	We will turn on text messaging in April/May and will probably commence with a blanket message to all (if this is technically possible) offering the opportunity to opt out/amend phone numbers. Appointment text reminders will then be turned on and staff will have to query individually if patients do not have mobile numbers listed on our clinical system.	Target: March / May 2014 Completed:
Text Messaging – Test Results	This is the second possible stage of text messaging.	We are a little cautious of this step due to the possibility of someone else looking at patient mobile phones. Further discussion on this topic needed and investigation of opt in/out on our clinical system. If this appears secure and possible, we can also turn this service on.	Target: May – August 2014 Completed:
On-Line Records	We see from the responses from our survey and the discussions with our PRG that more detail is needed on this topic due to the levels of concern. Note that our survey was sent out before the issues with care.data, so we would expect to see higher levels of concern if we sent the survey out now.	Investigate the full detail of this topic. Obtain further Government information when it becomes available on how this will function. Look into security and Information Governance aspects. This also links in with care.data, SCR etc.	Target: April -> onwards Completed:
Further Assessment of 8am-8pm results	Our patients and PRG are somewhat split on this subject. There is concern for the potential of 'watering down' of services during the week due to pressures of weekend work for GPs and support staff, especially if adequate funding not received.	Further analysis of the booking patterns seen on the survey results is required. There are some clear trends, however, some booking cycles need further investigation and understanding. We then need to understand the thoughts and plans from the Government, including funding and also look into any possible group working potential with other surgeries.	Target: March -> onwards Completed:
Further Patient Education	The CCG area 'Keep Calm' Campaign had some success but it was limited. We felt that this could be built on.	Discuss and plan further patient education, possibly across the CCG area. This could involve events, production of booklets, cards, advertising etc to assist patient pathways.	Target: April -> onwards Completed:

Following is a short summary/update on our Action Plan work from last year:-

Communication of NHS changes – The CCG Newsletter is linked to our web site and we have hard copies of it in the waiting room. Any relevant public newsletters/posters/documents are put in the waiting room for patients to read. Our LMC confirmed that to send newsletters by email would require us to email patients with opt-in opportunity. Our PRG Newsletter is being further developed and we are now on our third edition. We are adding more general NHS/service information on this now. Additionally we are now putting more information on our web site covering actual changes in the NHS and services. Completed May 2013 and ongoing development.

Seating in Waiting Room – On asking patients what they thought of the seating arrangements everyone asked said they were happy with it. Two members of staff then observed the waiting room and where people stood/waited and we feel that the present set up is the best solution. Completed April 2013.

Specialist Appointment Booking - We now put bloods and nurses appointments on 6 weeks in advance and also, where possible GP appointments. We have noted a slight increase in DNA rate so will need to drill down to assess if this may be due to increased advance booking times. Completed June 2013.

Text Appointment Reminders – Our clinical system is now ready for text reminders, however, we did have some mixed feedback on this. We therefore decided to specifically ask patients about this on our survey this year to ensure patients are happy with the idea. See Action Plan 13/14 for timescales.

The Border Practice standard opening hours are Monday to Friday 8.00am to 6.30pm, excluding Bank Holidays. Normal GP appointments can be booked via our Patient Access On-Line system, by phone or in person at the Surgery. Details are shown below.

We additionally hold Extended Hours Surgeries. These are held every second Saturday morning, every second alternate Monday or Wednesday evening and one Early Morning Tuesday and Thursday per month. All these appointments can be booked via our reception team. These Extended Hours surgeries are GP appointments only and all our GPs (Drs Lawrence, Bajwa, Sampuran and Chang) take them on a rotational basis.

The Border Practice
Blackwater Way
Aldershot
Hampshire
GU12 4DN

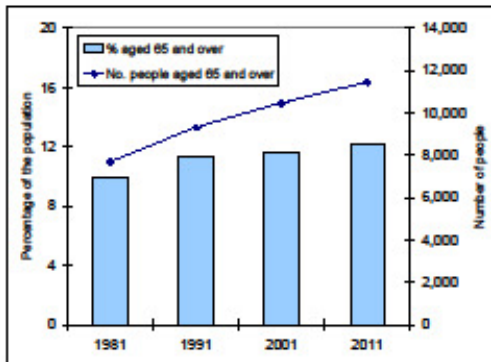
Tel: 01252 344434

www.borderpractice.co.uk

Appointments-On-Line: <https://patient.emisaccess.co.uk>

Trends in Ageing across Rushmoor 1981 to 2011

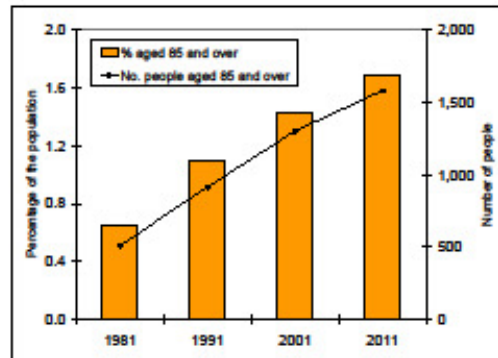
Population aged 65 and over



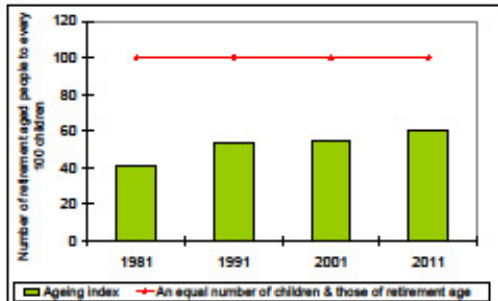
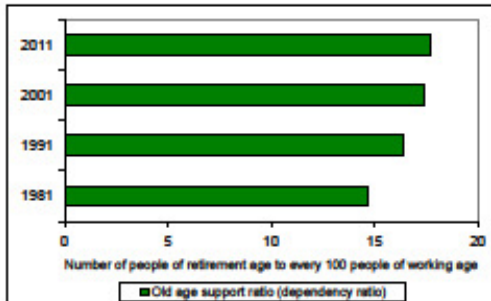
- The number of older people has increased as each decade passed, as has the proportion of the population occupying the older age groups
- The number of people aged 65 and over grew by 2,780 between 1981 - 2001
- The number has grown by a further 980 between 2001 and 2011
- Over the entire period the number of people aged 65 and over has increased by approximately half
- The proportion of the population aged 65 and over has increased from 9.9% in 1981 to 12.2% in 2011.

Population aged 85 and over

- The number of very old people has also increased as each decade passed, as has the proportion of the population occupying the very oldest age groups
- The number of people aged 85 and over grew by 800 between 1981 - 2001
- The number has grown by a further 280 between 2001 and 2011
- Over the entire period the number of people aged 85 and over has tripled
- The proportion of the population aged 85 and over has also increased and currently stands at 1.7% of the population



Old Age Support Ratio and Ageing Index



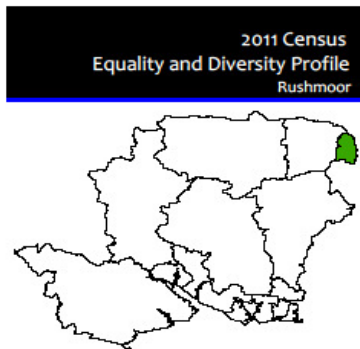
- The old age support ratio and ageing index both show the change in the age structure of the population over time to a much older one
- The old age support ratio shows the increasing number of retirement aged people in relation to the number of working age
- The ageing index reports the increasing number of retirement aged people compared to children, in 2011 there are 60 retirement aged people for every 100 children - up from 41 in 1981

Table of figures

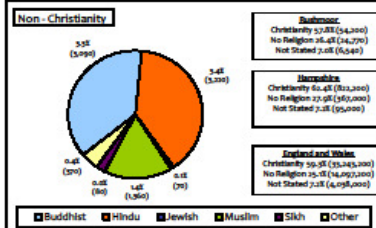
	1981	1991	2001	2011
Number of people aged 65 and over	7,680	9,290	10,460	11,440
% of people aged 65 and over	9.9	11.3	11.6	12.2
Number of people aged 85 and over	500	910	1,300	1,580
% of people aged 85 and over	0.7	1.1	1.4	1.7
Old age support ratio	15	16	17	18
Ageing index	41	54	54	60

Notes and Sources

Notes: The Old Age Support Ratio is the ratio of the working age population (Males and Females aged 16-64) to those of retirement age (Males and Females aged 65 and over). The Ageing Index is the ratio of children (those age under 16) to the retirement aged population. Source: Census data from the Office for National Statistics and NOMIS.

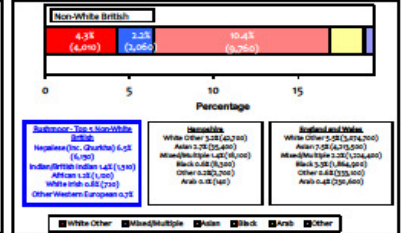


Religion



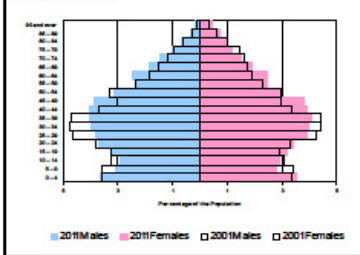
Christianity remains the largest religion in Rushmoor at 57.8%. Hindu is the next biggest religion at 3.4% followed closely by Buddhist (3.3%) and Muslim (1.4%). A large percentage said that they had no religion (26.4%), whilst 7.0% did not state any religion at all.

Ethnicity



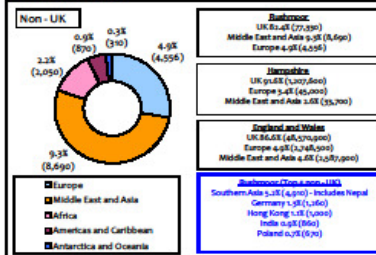
80.5% of Rushmoor's resident population are 'White - British'. Those in other ethnic groups account for 19.5%. The Asian ethnic group accounts for 10.4% (9,760) which 6,130 are Nepalese (including Gurkha's). The ethnic group 'White Other' accounts for 4.3% including White Irish individuals, amongst others.

Age Structure



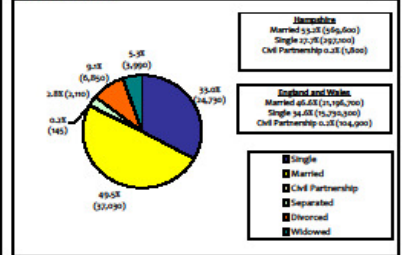
Between 2001 and 2011 there has been an increase in the percentage of the working age population from 67.0% to 67.6%. There has been a particularly large decline amongst young adults aged 25-39 (from 27.2% to 23.9%).

Country of Birth



82.4% of Rushmoor's population were born in the UK. At 9.3% Middle East and Asia is the next largest, including South Asia (containing Nepal), Hong Kong and India. Europe follows at 9.3% with Germany (1.3%) most prominent. Africa accounts for 2.2%.

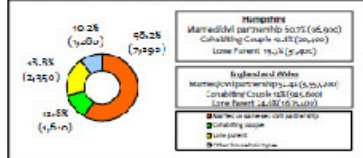
Marital Status



49.5% of the population are married whilst 33.0% are single. Following the Civil Partnership Act of 2004, civil partnerships are now included. For Rushmoor they are 0.2%, the same as Hampshire and England and Wales. The proportion of widowed individuals stands at 5.3%.

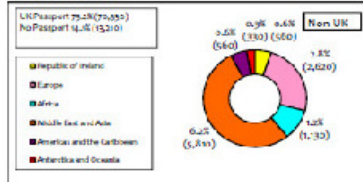
Published by Research and Intelligence June 2013

Households with Dependent Children



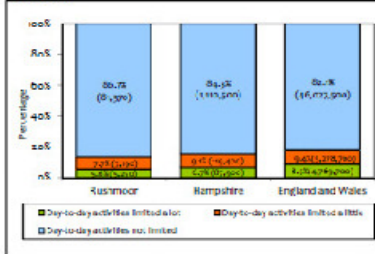
In Rushmoor, 12,530 households have dependent children. Of these, 58.2% are married/civil partnership households, 12.8% are cohabiting couples whilst 18.8% are lone parent. Of these lone parent households with dependent children, 51.9% (2,150) are female headed households. Many of these female lone parents are part-time employed (33.9% 730). In Rushmoor, 3.3% (1,800) of households with dependent children have no adults in employment whilst 4.8% (1,760) have one person with a long term health problem or disability.

Passports Held



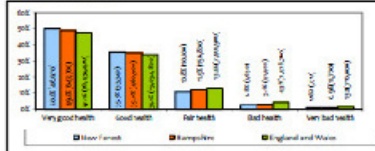
75.2% of people in Rushmoor have a British passport whilst 14.5% state they have no passport. Individuals with passports from Middle East and Asian countries stand at 6.7% followed by those with European passports (7.8%).

Disability



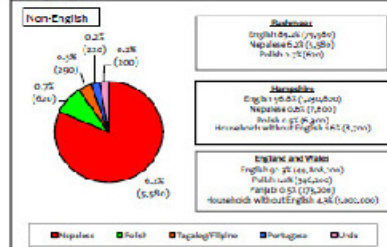
In Rushmoor, 86.7% of the population state that their daily activities are 'not limited' by a long term illness whilst 7.7% are 'limited a little' and 5.6% are 'limited a lot' by their illness.³ The proportion of Rushmoor's population who are 'limited a lot' is below both Hampshire and England and Wales.

General Health



Self defined general health in the district is high with 50.1% of the population choosing to describe themselves as being in very good health with 0.8% seeing themselves as having 'very bad health'.⁴ With regards to economic inactivity as a result of long term sickness and disability, Rushmoor experiences a low rate of 7.7% compared to Hampshire (10.6%) and England and Wales (4.7%).

Language



In Rushmoor 84.2% of people (aged 5+) state English as their 'main language'. Other than English, Nepalese (6.7%) and Polish (7.7%) are the next most common main languages. In Rushmoor, 5.5% of all households are shown to contain no individuals with English as a main language.⁵

Notes: 1 - White British includes those describing their ethnicity as English, Welsh, Scottish, Northern Irish or British.
2 - Marital and Civil Partnership status refers to the population aged 16 and over.
3 - Along term health problem or disability is one that limits a person's day-to-day activities and has lasted or is expected to last at least 12 months, including problems related to old age.
4 - General health is a self-assessment of a person's general state of health. People were asked whether their health was very good, good, fair, bad or very bad. This is not based on a person's health over any specified period of time.
5 - 1 language fits refers to the population aged over 2 years.
Data for some Protected Characteristics - gender reassignment, sexual orientation, pregnancy and maternity are not included in the main Census.
Source: Data used is from the Office for National Statistics (ONS) 2011 Census <http://www.ons.gov.uk/census2011>
For more information please contact Hampshire County Council's Demographic team: <http://www.hants.gov.uk/factsfigures/facts-figures-contacts/index.jsp>
Hampshire In this fact sheet refers to Hampshire's administrative county, excluding Portsmouth and Southampton.



Published by Research and Intelligence June 2013

The Border Practice Patient Reference Group Survey 3 Results Summary - 7th March 2014

1. Are you male or female?		
Answer Options	Response Percent	Response Count
Male	50.3%	73
Female	49.0%	71
Prefer not to say	0.7%	1
<i>answered question</i>		145
<i>skipped question</i>		0

2. Which category below includes your age?		
Answer Options	Response Percent	Response Count
16 or younger	0.0%	0
17-24	1.4%	2
25-34	7.6%	11
35-44	7.6%	11
45-54	11.7%	17
55-64	20.7%	30
65-74	39.3%	57
75-84	11.0%	16
85 and over	0.7%	1
Prefer not to say	0.0%	0
<i>answered question</i>		145
<i>skipped question</i>		0

3. Ethnicity		
Answer Options	Response Percent	Response Count
White British	93.8%	136
White Irish	2.1%	3
Mixed - White & Black Caribbean	0.0%	0
Mixed - White & Black African	0.0%	0
Mixed - White & Asian	0.0%	0
Indian	1.4%	2
Pakistani	0.0%	0
Nepalese	0.0%	0
Bangladeshi	0.0%	0
Caribbean	0.0%	0
African	0.0%	0
Chinese	0.7%	1
Any Other Ethnic	0.0%	0

Group		
Prefer not to say	2.1%	3
answered question		145
skipped question		0

4. When did you last visit the surgery?

Answer Options	Response Percent	Response Count
In the last 3 months	76.2%	109
3 - 6 months	14.0%	20
Over 6 months	9.8%	14
answered question		143
skipped question		2

5. We recently improved our IT systems and moved to a completely new Clinical Software System. Part of the functionality allows us to send text appointment reminders and other messages to patients. What do you think of this?

Answer Options	Response Percent	Response Count
It could be really useful to receive reminders by text	72.7%	104
Not Sure	13.3%	19
It would not be useful for me	14.0%	20
answered question		143
skipped question		2

6. How do you find booking appointments and ordering repeat medication on-line via 'Patient Access'?

Answer Options	Response Percent	Response Count
Very Easy	37.6%	50
Easy	30.8%	41
Average	21.1%	28
A bit tricky	8.3%	11
Difficult	2.3%	3
answered question		133
skipped question		12

7. There is discussion at Governmental level to give patients access to be able to read their records on-line, although how and what this would look like is not yet clear. Do you think you would use this facility?

Answer Options	Response Percent	Response Count
Yes definitely	52.4%	76
Not sure	31.7%	46
No I wouldn't	15.9%	23

<i>answered question</i>	145
<i>skipped question</i>	0

8. Would you have any concerns about the security of your information on-line?

Answer Options	Response Percent	Response Count
Yes I would	30.3%	44
It would concern me a little	51.0%	74
Not sure	6.2%	9
No it wouldn't worry me	12.4%	18
<i>answered question</i>		145
<i>skipped question</i>		0

9. We now open our reception and telephone lines at 8am Monday to Friday. Do you think this was a good change for us to make?

Answer Options	Response Percent	Response Count
Yes, excellent	83.9%	120
Not sure	5.6%	8
No, doesn't affect me really	10.5%	15
<i>answered question</i>		143
<i>skipped question</i>		2

10. We continue to offer Early Morning, Late Evening and Saturday surgeries. What do you think of the mixture of additional surgery hours?

Answer Options	Response Percent	Response Count
A good mix across the week and times	79.0%	113
Not sure	8.4%	12
Could do with more selection	12.6%	18
<i>answered question</i>		143
<i>skipped question</i>		2

11. The Government are talking about making us open 8am-8pm 7 days a week. What do you think of this?

Answer Options	Response Percent	Response Count
Great idea	45.5%	65
Not sure	32.2%	46
Not a good idea	22.4%	32
<i>answered question</i>		143
<i>skipped question</i>		2

12. Realistically, if we opened 7 days a week from 8am to 8pm, when would you want to come in for appointments?

Answer Options	8am-10am	10am-12pm	12pm-2pm	2pm-4pm	4pm-6pm	6pm-8pm	Response Count
Monday	50	50	18	31	32	38	132
Tuesday	47	51	18	32	33	34	128
Wednesday	43	54	21	33	35	36	128
Thursday	45	52	19	34	34	34	126
Friday	47	51	20	34	35	34	127
Saturday	52	47	20	30	18	17	99
Sunday	44	43	23	27	16	17	87
answered question							139
skipped question							6

13. Did you see any of the area 'Keep Calm, Can you sort it yourself?' campaign posters, advertisements or other marketing last year? The idea of this was to raise public awareness of methods of self-care for minor illness, such as care at home or asking advice of a pharmacy. This campaign will be running again soon.

Answer Options	Response Percent	Response Count
Yes, I saw something in the area	53.8%	78
Can't remember	13.8%	20
No, didn't see anything	32.4%	47
answered question		145
skipped question		0

14. We now offer an NHS physiotherapy service based at the practice 5 days per week. Do you think this is a good development that we should try and expand on?

Answer Options	Response Percent	Response Count
Yes, definitely a good idea	76.2%	109
I don't mind either way	18.9%	27
No, not something I need really	4.9%	7
answered question		143
skipped question		2

15. When you contact us to make an appointment how quickly do you need to see someone?

Answer Options	Response Percent	Response Count
Same day (Urgent medical need)	33.8%	49
Within 2 days	47.6%	69
Between 3-5 days	13.8%	20
5 days +	4.8%	7

<i>answered question</i>	145
<i>skipped question</i>	0

16. How early or late are you usually called in to see the GP or Nurse in relation to your appointment time?

Answer Options	Response Percent	Response Count
10 minutes early	6.3%	9
5 minutes early	2.1%	3
On time	42.0%	60
5 minutes late	30.1%	43
10 minutes late	13.3%	19
15 minutes late	6.3%	9
<i>answered question</i>		143
<i>skipped question</i>		2

17. One final question, do you feel you belong to any special medical care group?

Answer Options	Response Percent	Response Count
Yes I do	33.6%	48
No I don't	66.4%	95
<i>answered question</i>		143
<i>skipped question</i>		2