

# **Moorside Surgery Patient Reference Group Annual Report 2011-12**

## **1. Introduction**

The Patient Reference Group of Moorside Surgery is known as 'The Friends of Moorside' and was formed in 2007 after a waiting room notice called for interested patients to put their names forward. The group meets 4 or 5 times a year at the United Reformed Church in Eccleshill due to lack of a meeting room at the surgery but meetings held after May 2012 will take place in the new surgery building on Dudley Hill Road.

Meetings are normally held on Wednesday mornings at 10:00 with around 12 patients normally able to attend. The agenda is emailed out to members with minutes also distributed by email.

Once the practice has moved to its new building it is anticipated that social media will be used to make communication within the group much easier.

## **2. Description of the profile of the members of the PRG**

The PRG has about 15 members, mostly aged 45+, some employed, some retired. The gender ratio is approximately 3:1 female to male. Most members of the group have chronic health issues.

## **3. The steps taken to ensure that the PRG is representative of its registered patients and where a category of patients is not represented, the steps taken in an attempt to engage that category.**

The practice advertised the PRG on practice web site, the call screen and in notices. In addition current members of the group came into the waiting room each day for one week in an attempt to recruit new members by approaching patients in the waiting room and describing the aims of the group, frequency of meetings etc. The baby clinic on the Tuesday was particularly targeted to try to add some younger members amongst the parents attending. They were also asked to target members of ethnic minority groups. Whilst some members of minority groups and younger people did give their contact details so far none has attended any of the meetings. More than 40 patients were willing to have their contact details noted by the members of the group but so far only one or two have attended meetings.

## **4. Details of the steps taken to determine and reach agreement on the issues which had priority and were included in the local practice survey.**

The PRG held a number of meetings to try to reach agreement. There was much discussion around the subject of reducing DNAs (Did Not Attends - a popular theme with PRG meetings for several years) and issues concerning the practice's imminent move to new premises. Eventually a list of potential issues was agreed and voting took place to identify the 3 most popular issues for inclusion in the survey. Those chosen were:

- Whether the practice should offer additional surgeries and, if so, whether these should be held during the day, in the evening or on Saturday mornings.

- What new services (if any) should be provided once practice moves to its new building. This was left as a free text box for patients to complete without being led by series of tick boxes.
- Whether the practice should consider employing a Nurse Practitioner. This has been a frequent topic for discussion at previous PRG meetings.

These questions were chosen as additional 'local' questions specific to Moorside to be added on to the general patient survey questions as suggested by the PCT.

## **5. The manner in which the practice sought to obtain the views of its registered patients.**

Survey software was specially commissioned in order that its use could be restricted to registered patients via a password system. Patients obtain a password for the web site hosting the survey by asking at reception or by phoning. The results are stored in a database which is subsequently downloaded in Excel for analysis. A paper version of the questionnaire was also produced for patients unable or unwilling to complete the online version. Preliminary results were presented to the PRG at its meeting on 11 March 2012.

The availability of the survey was publicised on the patient call screen in the surgery and on the practice web site. In addition reception staff invited patients to take away either a password slip or a paper copy of the questionnaire.

The survey was largely conducted during January and February 2012 though some patients continued to log on and use the online version during March 2012.

## **6. Details of the steps taken by the practice to provide an opportunity for the PRG to discuss the contents of the action plan.**

The results of the survey were collated by the practice manager and presented to the PRG at its meeting on 11 March 2012. Each question on the survey was considered and a full breakdown of the responses for each question presented to the group.

## **7. Details of the action plan setting out how the finding or proposals arising out of the local practice survey can be implemented and, if appropriate, reasons why any such findings or proposals should not be implemented.**

The group was pleased with the overwhelmingly positive ratings obtained in the survey. A discussion was held to identify any areas of possible improvement which could be taken to the practice for consideration.

It was agreed that a number of areas of possible improvement should be put forward for consideration by the practice. These were:

- A review of the current practice policy concerning those patients who arrive late for their appointment. The PRG group was concerned at the impact late arrivals has on other patients and on the GP or Practice Nurse concerned.
- Consideration should be made of Saturday morning surgeries once the practice has moved to its new building. It is likely that the new in-house pharmacy will be opening on Saturday

mornings and it was felt that the practice should consider opening Saturday mornings to match given that this was very popular with survey respondents.

- The practice should consider arranging a physiotherapy service from the new building and give some consideration to those services that were mentioned by a small number of respondents eg ante-natal classes and pain management.

The practice has already agreed to a change in the policy of dealing with patients who arrive late. Traditionally these were retained at their original position in the order of patients to be seen.

Reception now monitor the waiting times of patients arriving both on time and late using their skill to slot the late arrival in later in the order of patients when the impact upon patients arriving on time might not be so great.

The practice has agreed to more regular meetings with the PRG in the next few months during the settling in period of the new building. This will permit joint working on the other proposals from the survey such as Saturday morning opening and the provision of additional services.

#### **8. A summary of the evidence including any statistical evidence relating to the findings or basis of proposals arising out of the local practice survey.**

Summary of evidence relating to findings:

- 66% of respondents thought the practice should be stricter with patients who are late for their appointment.
- 72% of respondents thought the practice should offer Saturday morning appointments
- Of those patients who suggested a new service that should be offered in the new building over 75% mentioned physiotherapy.

#### **9. Details of the action which the practice and, if relevant, the PCT, intend to take as a consequence of discussions with the PRG in respect of the results, findings and proposals arising out of the local practice survey.**

Details of intended actions:

The practice has reviewed the findings and proposals arising out of the survey and the following actions have been agreed:

- An internal discussion has taken place regarding the measures that might be implemented to deal with patients arriving late. These will be shared with the PRG and a new reception protocol has been formulated.
- The practice has agreed to consider a trial of opening on Saturday mornings provided that agreement can be reached with the PCT and that sufficient reception and clinical staff willing to work on Saturday mornings can be identified.
- The practice has agreed to investigate the feasibility of providing a physiotherapy service from the new building. Discussions with the PCT and CCG will need to take place though it could also be possible to facilitate a private physiotherapy service. The practice would want to see more evidence of demand for other services such as a pain management service before this is considered.

#### **10. The opening hours of the practice premises and the method of obtaining access to services throughout the core hours.**

Moorside Surgery is open from 08:00 to 18:00 Monday – Friday with extended opening hours on Monday and Wednesday evenings until 20:00 when at least one GP or Practice Nurse is available for appointments. The telephone number for reception is 01274 626691. The practice aims to deal with all urgent requests for appointments on the day. Telephone appointments are available each day and an 'on-call' doctor is available each day to deal with urgent, non-scheduled, telephone calls to patients.