

## Patient Participation Report – Moor Grange Surgery 2011/12

*The aim of establishing a Patient Participation & Reference Group (PPRG) is to ensure that patients are involved in decisions about the range & quality of services provided, and over time, commissioned by their practice.*

*This report includes:-*

- ❖ *The actions taken to establish, develop & promote a PPRG for Moor Grange Surgery during 2011/12, whilst making it as representative as possible.*
- ❖ *How priority issues were agreed*
- ❖ *How patient views were collated*
- ❖ *How the PPRG were informed of the findings*
- ❖ *How the PPRG were involved in agreeing priority areas arising from our survey & how these issues may be addressed*

### **PPRG & Practice Profile**

We currently have 6 members of our virtual PPRG, all of whom are female, 5 white British & one white Irish. 2 are in the 35-44 age group, 2 in the 55-64 age group & 2 are in the 65-74 age group.

*The practice has 4,130 registered patients.*

Age Range	Male	Female	Total
0 - 16	384	359	743
17 - 24	180	197	377
25 - 34	275	274	549
35 - 44	303	276	579
45 - 54	314	300	614
55 - 64	252	231	483
65 - 74	150	201	351
75 - 84	144	164	308
85+	40	86	126
Total	2042	2088	4130

*According to our most recent ethnicity report our ethnic profile is:*

White British	90.3 %
Irish	0.5 %
Other White background	1.0 %
White and Black Caribbean	0.9 %
White and Black African	0.5 %
White and Asian	0.7 %
Other Mixed background	0.3 %
Indian or British Indian	1.1 %
Pakistani or British Pakistani	1.7 %
Other Asian background	0.9 %
Caribbean	0.2 %
African	0.9 %
Other Black background	0.1 %
Chinese	0.5 %
Ethnic category not stated/refused	0.3 %
Any other group	0.1 %

## **How we set up & recruited for our PPRG & what steps were taken to ensure the group is representative.**

*It was decided that as previous attempts to set up a purely physical PPG had failed, we would aim to set up firstly a virtual group with a view to combining the virtual group with a physical group if there was interest. In September 2011 posters were placed in & around the surgery asking for anyone interested in joining a PPRG to complete a slip with their contact details. In addition to this we put a note on the right hand side of all prescriptions, asked all new patients at their registrations appointment, GPs actively targeted patients they thought might be interested, we sent information & contact slips in recall letters when calling patients in for chronic disease checks. Invitations to join the group were also sent to 50 patients who had not been seen for more than 6 months to ensure that those who did not attend surgery regularly would not be excluded.*

*In October 2011 we collated the expression of interest slips & due to small numbers showing interest & also the fact that we only had white female patients who wanted to join the group we decided to extend the active recruiting drive by selecting ten patients at random from the following groups in order to try & have a more representative sample – ethnic minority patients, carers, over 75s, parents of under 5's. A member of staff was also recruited to target any under-represented groups at reception.*

*We continue with ongoing promotion & advertising of our PPRG in order to increase numbers & ensure it is representative. Every new patient is given information at registration.*

## **How the practice has engaged with its registered patients and how they have sought their views on selected issues.**

*In October 2011 we looked at obtaining the views of our registered patients. We looked at previous surveys, we identified areas of priority. We also looked at the comments & suggestions from our box in reception.*

*The patients who had expressed an interest in our PPRG by completing details were contacted & asked their preference for "meeting" either virtually/physically. They were also asked for their thoughts on areas to include in a patient survey – a standard template was discussed & decided on with one emphasis being on access which all the patients thought would be a priority for most patients & indeed access was an area we had highlighted from previous surveys & comments. It was suggested that following the initial survey that would be fairly broad & general, but that maybe later surveys would focus on particular areas & issues. The survey contained in the toolkit was felt to be a good starting point & was slightly adapted inline with suggestions.*

*In order to represent our practice we printed 250 surveys, hoping for a minimum of 200 responses to collate our results. The surveys were both posted to a random sample of patients, available in the waiting area & also given out by the reception team to as many groups as we could identify to try & ensure diversity. We asked that the survey was returned by 25<sup>th</sup> November 2011. We received 202 completed surveys.*

## **How we discussed the findings of the survey with our PPRG. & decided on areas & issues for change/improvement**

*In early December 2011 the results of the survey were collated by the practice manager and a simple summary/table was designed to show percentage figures for each question within the survey. The survey results were also made available on the practice notice board & on the website [www.moorgrangesurgery.co.uk](http://www.moorgrangesurgery.co.uk) .*

*The results of the survey were positive & pleasing with very few negative responses regarding clinical care & the surgery. Over 80% were also happy with the opening times of the practice. The worst performing area seemed to be the availability of appointments/appointment system.*

*The results of the survey were emailed to all members of the PPRG asking for areas of priority &/or improvement, comments on any of the results, suggestions for improving patient satisfaction. The members were asked for their thoughts on areas for change & improvements & suggestions as to how those areas could be changed &/or improved. The following points were raised by the PPRG members:-*

- Appointments & opening times appear to be a priority for improvement*
- Could nurses be upskilled – nurse practitioner/nurse prescriber*
- Could a triaging system be introduced & could this be tied in with the further training of the nursing team*
- Would developing expert patient group for certain chronic diseases lead to some load being taken from GPs*
- Need to have more patient comments into exact nature of their dissatisfaction on future surveys as difficult to address & change things when the exact nature of the problem unclear.*
- Look at more extended hours provision – weekend surgeries*
- Make more online services available & promote this*
- Would it be possible for better baby changing facilities to be provided*
- The surgery is not well signposted*

*The points raised were fed back to the practice team by the practice manager who then set out an action plan which could be emailed to the PPRG members. It was suggested to the PPRG members that further discussion around the action plan & its' implementation could be continued virtually or if any members were interested in attending a meeting at the practice then this could be arranged. 4 of the members said they would be interested in attending a physical meeting aswell as continuing with the virtual group – this meeting will take place in May 2012.*

## **Details of the action plan & how we will aim to implement it**

The issues & development ideas raised by the members of the PPRG from the survey were discussed at a practice meeting & the responses & aims fed back to the group as follows:-

- **Appointments & opening times appear to be a priority for improvement**  
It was felt that the entire appointment system should be reviewed & this would involve the whole practice team after further discussion with the PPRG. It was suggested that this be the main subject for the meeting in May. It was further suggested that a poster & notice on the website could invite patients who did not want to be in the PPRG but had opinions on the appointment system to submit suggestions for improvement. We will conduct an access survey to determine the number of appointments being requested daily & weekly to ensure we are providing an adequate amount. We will also conduct an appropriateness survey to determine if on the day urgent appointment requests are for medically urgent matters or because patients are struggling to get a sooner routine appointment. We will also look at reducing the number of did not attend appointments as this is rising & in turn making it more difficult to get an appointment.
  
- **Could nurses be upskilled – nurse practitioner/nurse prescriber**  
It was not felt that this was a possibility at present. The current nursing team are happy with their skill levels & not wanting to undertake any further upskilling. The practice does not have the financial resource to provide any additional nursing provision at present but would look into this if the existing nursing provision changed.
  
- **Could a triaging system be introduced & could this be tied in with the further training of the nursing team**  
This is something that we have discussed before & it was agreed that it would be useful in reducing on the day “urgent” appointments. The logistics for implementing this are difficult as we are a small practice with limited numbers of available staff. All agreed that when the appointment system is reviewed in quarter 1 then this will be revisited & discussed with the PPRG.
  
- **Would developing expert patient group for certain chronic diseases lead to some load being taken from GPs**  
No one in the practice has any experience of setting up this kind of group but it was felt that it was something that could be looked into for future development. The practice will engage one of the practice nurses in developing this idea for one of the chronic diseases. The PPRG will be kept informed of this & asked for their comments & suggestions.
  
- **Need to have more patient comments into exact nature of their dissatisfaction on future surveys as difficult to address & change things when the exact nature of the problem unclear.**  
It was agreed that for future surveys we would provide more opportunity for patients to give reasons for their decisions with comment boxes on the template. The PPRG will be involved in the development & format of any future surveys.

- **Look at more extended hours provision – weekend surgeries**  
We are currently fulfilling our extended hours provision as set out by NHS Leeds by offering one late night surgery & one early morning surgery. The survey indicated that 80% of patients were happy with the opening hours. The GPs asked that the PPRG be informed that we had actually changed our extended hours from Saturday to the current provision as the Saturday morning surgery was so poorly utilised, especially for routine appointments. It was agreed that if future surveys indicated that patients were unhappy with the extended hours provision then this could be looked at again.
- **Make more online services available & promote this**  
The new website which was launched at the beginning of this year allows patients to order repeat medication online, download registration forms, change personal details, cancel appointments, enquire re vaccinations. The GPs were unsure about adding online appointment booking at the present time but agreed that this will be reviewed when the appointment system is reviewed. Posters have been put up in the waiting room & a message added to prescriptions informing patients about the website.
- **Would it be possible for better baby changing facilities to be provided**  
This was agreed – the baby changing unit had not been replaced since it broke. Practice manager will make arrangements for a new one.
- **The surgery is not well signposted**  
This was agreed. Dr Welch will get quotes & arrange for sign for outside surgery premises

**This report will be submitted to NHS Leeds & also published & updated on the practice website which can be accessed at [www.moorgrangesuregry.co.uk](http://www.moorgrangesuregry.co.uk)**

### **Accessing our services**

Our surgery is open core hours Monday to Friday from 8.00am to 6.00pm

In addition we provide extended hours on Tuesday until 8.00pm (Dr K Winkle) & Friday we open at 7.30am (Dr Ogden)

Appointments can be booked either by telephone or in person at reception. Telephone consultations are also available daily.

Outside these hours patients are instructed to telephone the surgery number where they will be transferred to the out of hours service.

