

Riverside Surgery decided to develop and establish an effective and valuable Patient Reference Group (PRG) in September 2011.

The aim of Riverside Surgery's PRG is to enable the practice to fully understand its patient points of view and also to encourage positive feedback and suggestions. It reflects patient opinions of the practice and the range of services it offers and involves patients in the decision making about the range and quality of the services provided.

## Key objectives

Riverside Surgery's PRG is made up of both registered patients and practice staff who meet frequently to discuss how to better service the community with improved healthcare facilities e.g. excellent access into the practice.

Due to the varying needs of practice patient individuals i.e. retired patients, working mothers, school aged patients etc. Riverside Surgery realised that the PRG should be flexible in its format to encourage a broad spectrum of the practice population.

The continuing effective use of Riverside Surgery's PRG aims to promote an atmosphere of proactive engagement of patients and provide the practice with an opportunity to seek the views of practice patients through the use of an annually updated local practice survey. The ultimate outcomes of the engagement and views of the patients are published on the practice website and updated as necessary.

## Development of the PRG

The structure and constitution of the PRG was developed to gain a wide viewpoint of Riverside Surgery's registered patients and to enable the practice to obtain feedback from a cross section of the practice population which is as representative as possible. It was also designed to be a forum which actively encourages comments and viewpoints from members of the local and wider community.

To achieve this diversity, the practice felt that patients would benefit from setting up both a 'face to face' and a 'virtual' PRG.

The face to face group meets at least quarterly to ensure momentum. It involves practice staff and includes volunteers across the patient population.

The virtual group, using the practice website found at [www.riversidesurgery.co.uk](http://www.riversidesurgery.co.uk) and social media networks such as Facebook® found at <https://www.facebook.com/home.php#!/Riversidesurgery> is made up of an email community that is contacted regularly but which does not have regular face to face meetings.

Both the face to face group and the virtual group are invited to offer feedback and attend quarterly practice PRG meetings if they so wished. They are also able to access minutes from those meetings. The wider practice population are kept updated about the Riverside Surgery PRG discussions via practice notice boards and regular updates published on the practice website.

Continued requests for patient recruitment to either group are carried out in a number of ways:

- Posters in the practice waiting rooms and on specific PRG notice boards.
- On-line sign up forms on the practice website.
- Setting up of and regular updates on social network forums such as Facebook®.
- Spreading the word - during consultations, at reception, during clinics and by getting staff to talk to people in the local community.
- When registering new patients.

Riverside Surgery also actively encourages the current PRG members to recruit new members through friends and family or by talking to patients in the waiting room.

By March 2014, Riverside Surgery has a patient population of over 13,600 registered patients.

At this point Riverside Surgery's PRG has a total of 157 registered patients as members of its PRG. This is made up of 18 registered patients recruited for the 'face to face' group and 139 registered patients in the 'virtual' group.

A total of 26% were male and 74% were female.

Again this year all age ranges were represented, including those less than 16 years of age.

This group is always very difficult to target as most social networking sites limit users to over the age of 12 and there is also the consideration of parental consent. Continued careful promotion of the use of social networking sites on the practice website and notice boards seems to have overcome previous deficiencies.

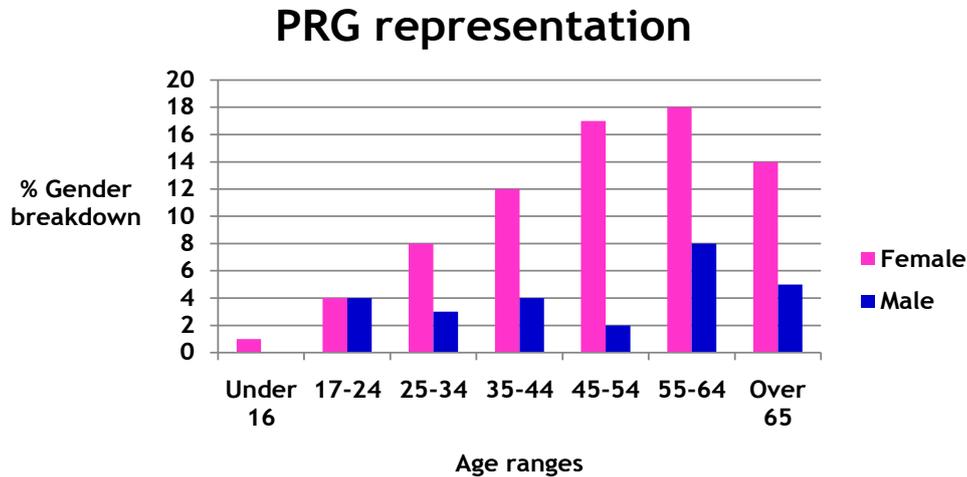
As in previous years reports the ethnicity range of the group is also limited by the social demographics of the locality.

The practice is looking at varying needs of individuals and meetings are routinely held after practice hours in the evening, during lunch hours or during morning and afternoon sessions.

Riverside Surgery aims to comply with the Equality Act and continued engagement with Local Involvement Networks (LINKs), Local HealthWatch and voluntary organisations have enabled vulnerable groups to become involved with the PRG.

Again Riverside Surgery advocates that current PRG members could be tasked with targeting any specific care groups to ensure the health needs are met for the entire registered population.

Age and gender makeup of the current Riverside Surgery PRG is shown in the table below.



## Agree areas of priority with the PRG

At the start of 2013 Riverside Surgery and its PRG were becoming increasingly concerned with the appointment system being offered to its registered patients.

Seven full time GPs were each seeing around 10 patients who had booked appointments for that day, 10 appointments booked for that week and 10 pre-booked appointments on a daily basis. This amounted to over 200 appointments available each week and is shown below:

### GP appointment template

- 12 x 10 minute pre-bookable appointments
- 10 x 10 minute 'for the week' appointments
- 10 x 10 minute 'for the day' appointments

Any emergency requests for an appointment for that day would be added to the end of each GPs morning and afternoon session which could often lead to an 'extra' 20+ patients seen each day.

A local practice survey asking for patients' feedback on the current appointment system was created.

Survey results, complaints, patient feedback and discussions with the PRG were increasingly finding that a routine appointment could mean patients were waiting anything up to three weeks in the future to see their GP. Because patient demand for appointments is so variable the current appointment system was causing a

backlog which was increasing both stress and dissatisfaction of patients, doctors and practice staff. Overcapacity of GPs/locum GPs at inappropriate times was also causing wasted doctor time, wasted appointments and, therefore, wasted money.

Riverside Surgery and its PRG felt this was unacceptable for all concerned and that a change was needed.

Following further discussions with the PRG, Riverside Surgery decided to trial a different kind of appointment system that aims to remove patient appointment backlog and matches GP activity with patient demand on a daily basis called Doctor First®.

Doctor First® appointment system seeks to remove the barriers between doctors and their patients, giving patients direct access to the doctor's knowledge without necessarily needing a face to face consultation. It endeavours to increase the capacity of the GP to help more patients in the same time period whilst reducing stress for all.

Following lengthy consideration it was recognised that the busiest periods of the week were all day on Mondays, Tuesday mornings and Friday afternoons. To ensure appropriate numbers of GPs were available to see patients the following rota was introduced in May 2013:

	No. GPs AM session	No. GPs PM session
<b>Monday</b>	<b>7</b>	<b>7</b>
<b>Tuesday</b>	<b>7</b>	<b>5</b>
<b>Wednesday</b>	<b>5</b>	<b>5</b>
<b>Thursday</b>	<b>4</b>	<b>5</b>
<b>Friday</b>	<b>5</b>	<b>6</b>

A new appointment template was also introduced in May 2013 which each GP had 47 telephone consultations, three pre-bookable appointments and nine 'for the day' face to face appointments each day. All patients requiring appointments would be booked by the GP following their telephone consultation for later that day except for 'red flag' requests i.e. patients with chest pains or children with high temperatures which would always require immediate attention.

A local practice survey asking for patients' feedback on the new appointment system was created after one month of the introduction of Doctor First®. This included contacting patients directly by telephone, using a survey template on the practice website, promotion of the new system on social networks and surveys given to patients in the waiting room. The findings were discussed with the PRG at the next quarterly meeting.

Reviews of all the patient comments, complaints and PRG feedback were discussed at a practice staff training day which involved all practice staff and GPs. This led to a number of amendments being made to the appointment system which were

completed and put into effect by Joe Icke (Practice Manager) and Lucy Jones (Deputy Practice Manager) in June 2013.

After three months of the new, amended appointment system a second review occurred. Again a new local practice survey was inserted into the practice website and highlighted to patients on the website's home page, repeat prescription ordering page and PRG page. All relevant social media networks being used by the practice also regularly directed PRG members and registered patients to complete the local practice survey. Paper versions of the local practice survey were also placed on the main reception desk and in waiting rooms to ensure those patients without internet access were also able to provide feedback. Patients were also contacted directly by telephone. The findings were again discussed with the PRG at the next quarterly meeting.

Amendments were again made to the appointment system by Joe Icke (Practice Manager) and Lucy Jones (Deputy Practice Manager) following reviews of all the patients comments, complaints and discussions with the PRG at the next quarterly meeting and a further third review was completed at six months.

## Survey findings

Initial survey findings found that 84% of patients were able to see their own GP as compared to the national average of 64%. Of the original 100 patients surveyed 62% felt that the waiting time for a routine appointment to see their own GP was unacceptable.

Introduction of the Doctor First® appointment system enabled more patients to receive consultations, either by telephone or face to face, on the day of their choice from 30 to 59 consultations per doctor per day. This removed the previous backlog as the GPs dealt with the daily demand as it occurred.

Survey results following the introduction of the Doctor First® appointment system were as follows:

42% of patients felt that the doctor's time is valuable and that a telephone consultation was appropriate in dealing with their problem.

39% of patients agreed that not having to journey into the practice to see their GP for an appointment was a better use of their time.

32% thought that it was a waste of GP time calling patients back when they had already called the practice and that they could be dealt with by a receptionist e.g. to book a blood test, to obtain a result or to see the nurse.

27% of patients were concerned that receiving a return telephone call from their GP may cause difficulties in talking openly about their problem due to their environment or inability to take a call at certain times of the day i.e. teachers in a classroom or working in an open office and could be overheard.

20% of patients said they wanted to be able to book an appointment in advance.

7% of patients felt that the telephone system was a way of the GP avoiding 'seeing' them.

5% of patients were concerned that disabilities such as being hard of hearing would mean receiving a telephone call would be inappropriate.

Patients were also asked at each local practice survey whether they wanted to return to the old appointment system or remain with the new Doctor First® appointment system.

Each survey gave the result that patients generally preferred the new appointment system to the old system.

### Agree action plan

The appointment system and relevant local practice survey was regularly discussed at each PRG 'face to face' meeting providing the group with a continual update of patient responses and offering all involved an opportunity to consider what actions needed to be taken. The 'virtual' group were asked and able to comment on the local practice survey findings using email, via feedback forms on our practice website or via social media networks.

These local practice survey discussions occurred at PRG meetings held on Wednesday 27<sup>th</sup> March 2013, Wednesday 2<sup>nd</sup> October 2013 and Wednesday 15<sup>th</sup> January 2014.

The completed local practice survey for 2013/2014 was presented to the 'face to face' PRG at a meeting held within the practice on Wednesday 15<sup>th</sup> January 2014 by Joe Icke (Practice Manager) and Lucy Jones (Deputy Practice manager).

Riverside Surgery and the PRG felt the priority issues arising from the initial review following the introduction of the new appointment system were whether it was a valuable use of GP time phoning patients back when the patient had already telephoned the surgery. The PRG felt it was often an unnecessary duplication of work for a system that was already under considerable strain.

Feedback from the second local practice survey concerned patient confidentiality and privacy issues when receiving calls from the GP. Working environments and waiting around for a return telephone call from the GP was seen as a barrier to receiving appropriate care from the new appointment system. Some members of the PRG had also experienced the difficulty of this issue and had been unable to take a returned call while at work whilst others preferred the option of receiving telephone calls in the privacy of their own homes without the need to make a special journey into the practice to see their GP.

Feedback from the third local survey concerned patients' frustration at being unable to book an appointment in advance. They felt the system was preventing

them from seeing their GP and telephone consultations were not always appropriate. A member of the PRG, that had not used the system, felt the GP would deal with them over the phone rather than see them and that serious problems could be missed. They were also concerned about patients who would have great difficulty in having a telephone consultation e.g. those who were hard of hearing.

It was agreed, from feedback from the initial local practice survey, patient's complaints etc. and subsequent PRG meeting, that an alternative should be introduced that would alleviate duplication of workload for the GPs.

In June 2013, Joe Icke (Practice Manager) along with Janet Turner and Sharon Stratton (Senior Receptionists) worked together to develop a GP 'assistant' process to help the GP to manage their patient workload better.

As Riverside Surgery operates a personalised list for patients each GP develops knowledge of their patients' history and can usually determine whether they needed to see the patient or can deal with the problem over the phone. By using a receptionist 'buddy' they can direct the receptionist to book the patient an appointment, give out a result, book a blood test etc. and avoid unnecessary duplication of phone calls. This was put into effect in July 2013 under the close guidance of Senior Receptionists, Janet Turner and Sharon Stratton, who monitored its progress.

Following feedback from the second local practice survey, patient comments etc. and PRG meeting it was agreed that more consideration of patient needs should be made regarding privacy when receiving phone calls from GPs in potentially difficult environments.

In September 2013, Joe Icke (Practice Manager) and the GPs discussed altering the appointment template to allow for patients to be contacted at specific times more suitable to their personal environment i.e. after 4.00pm for school teachers and empowered receptionists to ensure this information was obtained from the patient.

A new appointment template was drawn up by Joe Icke (Practice Manager) and Lucy Jones (Deputy Practice Manager) and rolled out for use in September 2013.

Joe Icke (Practice Manager) and the GPs met in early January to discuss how the new appointment was working and to consider all the feedback from the PRG, patients and staff.

Criticisms, survey results and patient feedback were all taken on board, with the outcome being that there was a need for more pre-booked appointments and more help to be offered for patients who have problems receiving telephone calls from the doctor i.e. those who are hard of hearing, being at work or having privacy issues.

On 8<sup>th</sup> January 2014, Joe Icke (Practice Manager) and Lucy Jones (Deputy Practice Manager) developed a new appointment template to allow patients greater

flexibility in the healthcare they receive from their GP. This was rolled out for use on Monday 13<sup>th</sup> January 2014.

This new system strives to be a hybrid of both the old appointment system and the Doctor First® system. It incorporates both telephone consultations and more appointments (including pre-bookable appointments). The practice receptionists, guided by the Senior Receptionists (Janet Turner and Sharon Stratton), have been tasked by the GPs to signpost patients to the most appropriate type of consultation i.e. to see a Healthcare Assistant/phlebotomist for a blood test, speak to the results team for a test result or see a practice nurse for a diabetic/asthma check etc. This involves the entire reception team being empowered by the GPs in asking for information from the patient to be able to appropriately guide the patient.

Any 'red flag' appointment requests i.e. a child with a high temperature or patient with chest pains would immediately require an appointment with the doctor, without exception.

Each day Riverside Surgery has a 'duty' doctor who deals with telephone consultations and any emergencies that may arise. They also distribute the daily workload and home visits as needed.

Riverside Surgery's GPs openly acknowledged patient and PRG feedback. They agreed the need for change and felt that to ensure their daily workload was manageable they would need supplementary help for the duty doctor.

In January 2014, following the introduction of the new appointment template, Lucy Jones (Deputy Practice Manager) was tasked to arrange additional daily GP cover through the use of locums in order for the duty doctor to manage their workload more effectively.

At the PRG meeting in January 2014, Riverside Surgery's PRG members were invited to comment on all the local practice survey findings, asked if they agree with current actions or if they would propose an alternative solution.

A discussion followed re the benefits of the Doctor First® system as against the old system of booking appointments and having to wait several days or weeks to get an appointment.

Following the discussions of the outcomes of all the local practice surveys Riverside Surgery asked the PRG members if they were happy with the proposed changes and to consider whether they would do anything differently.

The PRG member that had previously found it difficult to take telephone calls at work had been impressed by the changes implemented and had received a 'call back' from the receptionist with an appointment time to see their GP which avoided wasting the GP's time calling them back and removed the problem with privacy.

The PRG member that previously had not used the system and was concerned about the GP using the telephone consultation to avoid calling them in for an

appointment had subsequently needed to use the service but had been seen by their GP and was extremely happy with the treatment they had received.

It was agreed that Riverside Surgery should continue with the proposed changes and any further comments or ideas could be raised either at the next PRG meeting or passed on directly to the practice staff for consideration, via Lucy Jones (Deputy Practice Manager), and cascaded to all other members of the PRG.

Riverside Surgery also asked its PRG for suggestions for the next local practice survey to be considered and brought to the next 'face to face' PRG meeting for discussion.

The PRG also discussed how the fact the Riverside Surgery had listened to patients viewpoints and had proactively reacted to complaints and criticism by incorporating new ideas and adapting its ways of working in order to benefit their patients. It felt this positive action should be promoted widely across the practice population and the wider community to show that patient voices are listened to and action has been taken.

## Actions taken

All processes taken by Riverside Surgery in the development of its PRG have been publicised extensively on the practice website, on surgery notice boards and on the GP NHS Choices website. Also all members of the PRG have received a copy of the PRG report. Posters were developed to summarise the report to aid accessibility to a wider audience of registered patients and with the added aim of attracting more members wishing to join the PRG.

## Opening hours

	Opening Times
<b>Monday</b>	8.00am - 6.30pm
<b>Tuesday</b>	8.00am - 6.30pm
<b>Wednesday</b>	8.00am - 8.00pm
<b>Thursday</b>	8.00am - 6.30pm
<b>Friday</b>	8.00am - 6.30pm
<b>Saturday</b>	9.00am - 11:00am <b>Please note the surgery is open on Saturday for pre-booked appointments only</b>

Riverside Surgery is open from Monday to Friday 8.00am until 6.30pm (except for Wednesday evening until 8.00pm). We also hold pre-bookable clinics on Saturday

mornings from 9.00am until 11.00am. If a patient needs to see a doctor when the surgery is closed they can contact the new NHS 'out of hours' service by telephoning NHS 111.

Patients can order their repeat prescriptions, cancel their appointment and update their contact details and clinical records using the practice website at any time.

[www.riversidesurgery.co.uk](http://www.riversidesurgery.co.uk)

# **Riverside Surgery**

SEDULI AD CURANDUM

Waterside, Evesham, Worcestershire, WR11 1JP

Telephone: (01386) 444400 Facsimile: (01386) 444415

# **Riverside Surgery**



# **Patient Reference Group Appendix**

## PRG registration form

If you are happy for us to contact you about the PRG please fill out your details below and hand the form back to one of our reception team or return it by post to:

**Patient Reference Group  
Riverside Surgery  
Waterside  
Evesham  
WORCS  
WR11 1JP**

### Important Information

Please note that no medical information or questions will be responded to. The information supplied to us will be used lawfully in accordance with the Data Protection Act 1998. The Data Protection Act 1998 gives you the right to know what information is held about you and sets out rules to make sure that this information is handled properly.

**Name:**

**Email address:**

**Postcode:**

This additional information will help to make sure we try to speak to a representative sample of the patients registered at this practice.

**Are you?**

Male

Female

**Which age category are you in?**

Under 16

17-24

25-34

35-44

45-54

55-64

Over 65

To help us ensure our contact list is representative of our local community please indicate which of the following ethnic background you would most closely identify with?

**White:**

- British
- Irish
- Other

**Mixed:**

- White/Black Caribbean
- White/Black African
- White/Asian
- White other

**Asian or Asian British:**

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Asian other

**Black or Black British:**

- Black Caribbean
- Black African
- Black other

**Other ethnic group (please specify).....**

**How would you describe how often you come into the Practice?**

- Regularly
- Occasionally
- Very rarely
- Never

**Thank you.**