



# **MOATFIELD SURGERY PACESETTER**

**Patients, Clinicians and Non-clinicians working  
together with a shared goal**

## WHAT WE ARE MOST PROUD OF....

- This was a great example of whole team working. Everyone's views counted equally and were encouraged.
- Patient consultation sometimes feels like a 'checkbox exercise'..this time it really had impact and tangible results and outcomes
- Inspiration and Innovation.. We were really inspired by each others views, ideas and the flow of thinking. Genuine innovation arising from the project
- Too many ideas to take them all forward.
- Validation of some of our existing processes



# PATIENT CONSULTATION

- **WHY..**Because they are service users, they see our service in a totally different way than we do. They have great ideas for new ways of working. Their feedback is always constructive, even if not what we want to hear
- **WHO..**1% of service users selected for recent usage of service and a targeted group of those with perceived needs: LBGT families, non-parent carers, Grandparent carers, Teenagers, Twin families
- **HOW..**Surveys conducted via telephone or face to face. Some 'paper' surveys less well received. Focus groups x 2 (teen and twin). Consultation with PPG at quarterly meeting then via email.
- **CELEBRATION/LESSONS LEARNT..**We were doing quite well, patients very supportive of our service. We were not meeting the needs of the Teenager group as well as we could have. Patients were very pleased to be asked their opinion, especially face to face or via phone. 'Paper surveys' a chore for all and less productive.



# SAFEGUARDING

- WHY.. A vital part of our work and responsibility AND an very important area for whole team working and shared ownership. Looking out for the most vulnerable.
- WHAT..Quarterly safeguarding meetings. RCGP Safeguarding toolkit.
- WHO..GP completed the toolkit, whole practice team involved in training to level 2/3 during 2015. Liason meetings with HV bimonthly.
- HOW.. Ringfenced practice time for meetings and training. Accessible resources and contacts for all staff. Climate of openness encouraged and any member of staff invited to step forward and air concerns
- CELEBRATION..What we were doing was going well, but we need to keep new staff informed, locums too.



# NON-CLINICIANS WORKSHOP

- **WHY..**We are a team. CYP treatment starts from the minute they click on the website, pick up the phone or walk into reception.
- **WHAT..**We held a non-clinicians workshop to discuss issues, attitudes, personal experiences as parents, patients, caregivers and staff members. We looked consent issues, governance, confidentiality and explored what would be the ideal service
- **WHO..**all Non-Clinicians lead by our senior receptionist
- **HOW..** An open forum for discussion followed by a structured learning session. Feedback survey 6 weeks after then further tailored education/discussion based on those results.
- **CELEBRATION/LESSONS LEARNT...**We all have valuable experience to add. We all work to a common goal, to provide the best service possible. Time spent away from work discussing our personal experiences is very valuable. Follow up work vital to keep lessons going and learning points (in this case consent guidelines) fresh.



# HEAD INJURY EDUCATION

- **WHY..**As part of work up for the award we completed a survey/ Audit of A and E attendances for CYP over 3 months. We identified that a significant number of patients were attending A and E during GP working hours, with minor Head Injuries
- **WHAT..**We were aware of the Head Injury pathways and patient information and felt there was a way we could communicate this information better to parents.
- **WHO..** ALL staff, from those answering the phone to PN doing imms clinics to HV and GPs.
- **HOW..**A Whole Team clinical meeting discussing pathways and how to use. A further brainstorming session about publicity. Leaflets to be given out at Flu Clinics, on show at Imms Clinics and discussed with HVs. Pathways on intranet
- **CELEBRATION/LESSONS..**Whilst it is not the non-clinicians role to give medical advice, a familiarity of the pathways and parent information was felt to be very important. We will be re-auditing our A and E attendances for the same period this coming year and see if there is any impact.



# TEENAGE WEBSITE AREA

**WHY..**It was identified in the patient/focus group survey that Teenagers wished to have more specific information and feel more empowered when accessing healthcare.

**WHAT..**We designed a Teen-Specific area of our website with information relevant to them and links to other e-resources of value

**WHO..**We had a teen focus group and then peer reviewed the completed website area with them and medical students. We also 'tried out' the site on our own children and got their feedback

**HOW..**We could not find any other Teen-Specific GP websites on searching, so we designed our own thinking that issues of access, consent, confidentiality and when they could attend alone; would be relevant. Linked e-resources were carefully selected

**CELEBRATE/LESSONS LEARNT..**The teen area is fantastic..but it is only as good as the portal to it. Teenagers have no patience with cluttered/complicated home pages. Further work on our website in general is required



# MOATFIELD MOVING FORWARDS

- So many ideas..so little time
- This project has given us fresh enthusiasm for developing our services and continuing to work in this 'whole team' manner
- We are looking at a number of projects going forward, including a project on identifying and supporting our young carers, use of Twitter as a communication tool, and how best to ensure that patients over 16 have their own details (ie mobile number) rather than just parents' on our system
- Ongoing involvement of our PPG in future projects

