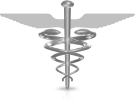
NEWTONS PRACTICE

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# Patient Participation Report

### March 2014

***A description of the profile of the members of the PPG:***

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| C:\Users\preecem\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Word\Cropped photo.jpg  The Patient Group was formed in October 2010 having initially advertised for members within the surgery, on the website and through personal discussions with GPs and their patients who they identified. We have since increased our numbers when emailing the patient survey to registered patients and utilising the patient ‘newsletter’ facility on our website, as well as being approached when holding Educational events.  Our chair, Clive Jacobs, who is blind, happily shares his perspective of his disability with the Practice, which in turn makes us more informed as providers of health care. We also have a virtual member of the PPG who is deaf, and is in email correspondence with the Practice on a regular basis. Her comments are always warmly received as it makes us mindful of the information we share on the website with our patients, and the benefits of online booking which we introduced at the end of last year.  There are currently 14 PPG members within the group. Meetings are held on a regular basis during the day at a time that is convenient to most members. C:\Users\preecem\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Word\Focus group about the future.jpg  During the Summer of 2013 the PPG put on another summer ‘Educational Event’ for patients. It was called ‘Be good to yourself’. They also supported the Saturday morning Flu clinics, spending time in the waiting room showing patients how to use the check in screen and more recently participated in a patient focus group for patients with long term conditions that the CCG want to target. Please do look at their very informative colourful notice board managed by Helen. |

***A description of what steps the Practice has taken to ensure that the PPG is representative of its registered patients and where a category of patients is not represented then what steps have been taken by the Practice in an attempt to engage with those patients:***

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| The Practice with the help of the PPG has put together a specific PPG information section on the Practice website explaining the philosophy of the PPG group and giving patients an opportunity to give their views. Dates of meetings and Agendas with minutes are also available for patients to read. A notice board has been allocated to the PPG to promote the group and offer health messages. The PPG has received several presentations from the practice on ‘Managing appointments’, Being a GP Registrar in the practice’, ‘How the practice is financially managed’, and all the issues of the day within the political arena. We have discussed at length the appointment system, the phone systems, staffing arrangements now and for the future. The group do comment on how transparent the practice is when sharing information about how the practice is managed and its future with the changes and cutbacks that the government is introducing |

**How the Practice and the PPG determined and reached an agreement on the issues which had priority within the Local Practice survey:**

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| Two years ago the Practice was very proactive in engaging patients to help deliver and design services around the needs of its patients. The Practice ensured that before it sought the views of its patients on the priority areas, the group understood its roles and responsibilities and why as a group they are central to everything the Practice does. Last year and this year we used a standard questionnaire so we could do a comparison on our performance. The PPG will design their own short survey for summer 2014. |

**A description of how the Practice sought to obtain the views of its registered patients**

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| For 2013 we used an organisation recommended by the Royal College of General Practitioners to assess our General Practitioners individually, (to support their revalidation to continue to practice) and the practice overall. We achieved 86% of good, very good or excellent. This year we decided to use the same survey company again to establish if by introducing some of the changes would improve this figure. We will design our own for the next year that will be more focused on the changes that we have had to introduce.  Prior to the survey the Practice displayed posters in and around the surgery informing patients that a survey would be undertaken. A table was put in the waiting room as we were keen for patients to take over the completion of the survey and have an opportunity to write comments. Responses were anonymous. We encouraged patients to write comments as well. A sample of the questionnaire will be found at the end of the report.  The survey was conducted during February 2014. |

**How the Practice sought to discuss the outcomes of the local survey and the Practice’s action plan together**

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| The Practice received an analysis of the patient survey which pinpointed the areas where the Practice had scored well and also those areas where improvements might be needed. The report detailed a page by page guide to interpretation of the Practice report to aid the Practice and PPG in understanding the results. The results were distributed to several members of the PPG for reflection and consideration and a meeting to discuss the findings was arranged for the succeeding month to enable the PPG and Practice to compile an action plan based on the findings/results. The Practice was able to agree an action plan with the support of the PPG which was approved by the group during discussions in March 2014. |

**A description of the findings that arose from the Practice survey**

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| Patients were asked a total of 28 questions with regards to the practice; the practitioner whom they had seen that day; the staff and areas around complaints, illness prevention and information system.  The Practice received many comments regarding the lack of parking, having to wait too long to see their preferred GP and being kept waiting before being called in.  In reviewing the order of performance with benchmark means scores, patients were satisfied by the doctor or nurse’s ability to listen them, and in equal measure were the patients confidence in the clinician’s ability and the respect shown to them. These showed the highest mean score, followed by the feeling that they were given enough time by the GPs during their consultation. The lowest mean scores were with regards to their ability to see their practitioner of choice.  ***85% of all patient ratings about this Practice were good, very good or excellent. cfep UK Survey***  **Responses found to be positive (using mean scores) percentages in brackets.**  Ability to listen (87%)  Confidence in the ability of the GP (87%)  Respect shown to the patient by the doctor or nurse (87%  The Doctors explanation to patients about their conditions and treatment in a way they understand (85%)  Reassurance by the doctor (84%)  The concern shown to the patient by the doctor (84%)  The manner in which you were treated by the reception staff (72%)  Warmth of greeting from the practitioner (85%)  Patients are satisfied with the time given to them during their consultation. (83%)  Patients who would recommend their doctor (85)%  Respect for privacy and confidentiality (72%)  The manner in which patients are treated by the Reception Staff has increased to 72%, the highest score in recent years. (We hope that this reflects the standards and training we have put in place to improve our customer care).  C:\Users\preecem\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Word\Reception staff.jpg  **Responses found to be least positive**  **Car Parking: Patients reported that parking was a real problem – Regrettably this situation will only get worse. The former PCT have given the bigger share of the building to other service providers who have brought their own staff. We are continually trying to improve this situation by asking visiting teams to park elsewhere when attending meetings, because our patients should have priority. We are also trying to improve signage and the painted bay markings but again we are limited by lack of funding.**  **Booking appointments on the day**: We have been aware that this redesigned triage system introduced nearly two years ago has disappointed several of our ‘long standing’ patients who only want to see their preferred GP. As a practice we would have liked to have continued giving continuity of care by the same doctor on every occasion, but we had to take steps because this was unsustainable with Newtons growing practice population, and now with the exception of one partner all our other 8 GPs are part time. **We hope patients realise that continuity of care is given by the Practice as a whole. During the course of this year those patients over 75 years of age will have their own named GP.**  Of the respondents questioned only 44% of patients said that they had a chance of seeing their own doctor of choice. We believe the 48% of patients who responded indicating that they could not see a doctor in 48 hours were referring to their preferred GP rather than any GP within the Practice, as the daily Triage Clinic is specifically run for anyone who needs to be seen urgently on the day. We have a Duty Doctor, Advanced Nurse practitioner and our Lead Nurse running these clinics daily.  Appointment satisfaction (62%) *This has improved from last year.*  Length of waiting time in the Practice (57%) Improvement on last year. The Clinicians are aware that they must limit their time spent with patients as this has a knock on effect for patients waiting to be called in. This is why we say ‘one appointment, one problem’, although we acknowledge this is not always easy for the patient.  Getting through on the telephone within a reasonable time (55%) *Improved from last year.*  Other responses as to how we could improve our services.  **Please do look through the comments made by patients. Overall we have been really pleased by your positive comments as we feel you do recognise how difficult managing the increasing patient demand and higher expectations with less resources is, without compromising our patient care. We are very grateful for your continued understanding.**  **Text Messaging**: As a Practice we are dependent on patients giving us their current mobile number. For many patients this has proved a great reminder of a booked appointment and ensured that we have few non attendances. However our trial of’ voice messaging’ for our flu campaign was as disappointing for us as it was irritating for patients – we will not be repeating this again. These are paid for services by the Partners and we need to use our limited resources wisely. We believe offering Saturday morning GP led flu clinics has been extremely convenient for our patients and the ‘up take for the flu jab’ has improved with this personal service.  **Queues at the Reception Desk**: Regrettably queues build up for several reasons. Not all the people in the queue are for Newtons Practice; many want the Health Centre (downstairs). We purchased a new touch screen at considerable expense that has had several technical problems. We have had it replaced and now feel that it should be working all the time. We have also purchased a photocopy machine for the front desk as in a year we can get over 1,000 new patients registering with the Practice and part of the process is to copy ID (passport/bank statement/letter of residence) to ensure probity for registering with us. This has meant the receptionist in the past has had to leave the desk unmanned to do this. Hopefully patients will now be greeted by a friendly face at all times. We will be employing an additional front desk receptionist so patients do not have queue for so long as we know that this has been a cause of frustration to some patients. |

Discussing the findings of the Practice Survey with members of the ‘Newtons Patient Participation Group’ during March 2014.

**A summary of any evidence including statistical evidence relating to the findings or basis of proposals arising out to the local Practice survey:**

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| Please see attached the ‘cfep UK Survey’ Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: CFEP_straplinewhich the practice appointed this year to establish how best to get the most constructive feedback about the practice and the clinical team.  RESULTS:  C:\Users\preecem\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Word\IPQ - Newtons Practice - 39607 - Poster_001.jpg  This gives very concise data analysis and findings in a clear and comprehensive format.  **PLEASE DOUBLE CLICK ON THE PDF**  **TO OPEN UP THE REPORT** |

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| **The Partners / Staff and members of the PPG have identified the following priorities:**  An action plan details the recommendations/priorities identified by the PPG/Practice.  Please refer to the end of the report |

**A description of the opening hours of the Practice premises and the method of obtaining access to services through the core hours:**

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| Newtons Practice is open Monday to Friday 8.00 – 18.30. The practice is open all day.   * Patients can make appointments by telephoning or calling in to the Practice to make an appointment or online. The Practice also offers online facilities to enable patients to request repeat prescriptions via its secure website. * The Practice has text messaging facilities (MJOG) to remind patients of their appointment as well as providing health promotion messages. |

**A description of any extended opening hours that the Practice has entered into and which health care professional are accessible to registered patients.**

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| The Practice provides extended access on a Monday evening from 18.30 – 20.00 and a Wednesday evening (18.30 – 20.00) with two doctors. This enables patients, particularly those patients working or commuting access appointments at a later time. These are only pre-bookable appointments – no other service is available during this time. The Practice used to be open on a Saturday but when funding was reduced from NHS England regrettably the Practice could no longer afford to offer this |

**Feedback from the PPG panel**

In order to meet the requirements of the Patient Participation directed enhanced service (DES) for GMS contract.

The Patient Participation Group survey subcommittee: ‘Reviewing the survey’.

**A letter from the PPG chair, Clive Jacobs who has reviewed the Survey Results.**

On 20/03/2014 17:25,           
  
Dear Maura, thank you for sending us the results of this year's survey. Having gone through the results the initial conclusion is one of mild bemusement. Or put another way, like The Curate's Egg, good in parts. I am interested as to why the comparison between this year's results are being measured against the results from 2012 rather than from 2013 and wonder if this is deliberate or an error in the year has occurred?  
  
The results themselves are interesting and seem to indicate that in the case of seeing a GP am amazing number of those who completed their survey forms seem to be delighted with the service they received and the course of action advised by the GP they saw. This is very positive news and demonstrates that the quality of care provided by the GP's at Newtons has in no way diminished. The clinical care seems to be as usual excellent, and this is so reassuring for all patients registered to Newtons.  
  
If medical care is deemed to be top notch, and rightly so, it is the peripherals that make The Practice tick that seem to be creaking somewhat under the strain of working within the NHS of today. The complaints about car parking are peripheral in the extreme and as there is nothing that you or the partners can do about this there is little point in addressing an issue that is outside your control. If a notice to the effect that the car parking issue is outside of your control is not already in situ within the surgery perhaps it should be and if it is in situ then it is being ignored. Perhaps we could ask Helen to produce a striking new work to get this point across or even added to the rolling announcements on the electronic board.  
  
If the very positive feedback from patients having seen a GP is so positive the same is less evident for patients demanding to see "Their Doctor". There is little that can be done about patients adhering to the My Doctor way of thinking and as we all know, attempting to explain that in today's NHS this is now an alien concept the fact is that the change in culture will take years before this adherence begins to become less of an issue. It is going to be an albatross across many surgeries for years to come and until this issue begins to change through people power this topic is still going to be all too prevalent for you and your team. I note the recurring theme in patients not being able to see their Doctor but the fact remains that no patient will be refused treatment on the day although it may not be their Doctor who will be available at short notice. Again a culture of change over time will reduce this dependence on the my Doctor way of thinking, but not for a while sad to say.  
  
The less than positive comments about the time it can take to see a GP are consistent throughout the survey results. I imagine that certain waiting times to see one GP or another could be due to a number of factors. Perhaps one GP is oversubscribed, and his or her popularity may be distorting the figures in terms of the overall perceived log jam to see their GP. Many of the GP's do not work a full week and this itself may not be as widely known as perhaps should be the case. Perhaps the Newtons site could be used to make this clearer and again the electronic screens could perhaps also be used to get this point across. It is a problem that keeps on being raised and if one GP is skewing the results or distorting them perhaps some additional manipulation of the data may indicate a more accurate and rounded overall outcome. Appointments, or the perceived shortage of them, are a recurring theme throughout this survey result and the implication seems to be that demand is outstripping supply. I think that is the case and that patients perhaps have become more demanding, and that expectation is now greater than was the case as opposed to even a couple of years ago. Despite the less positive outcomes in some areas to score in the high 80's so consistently is still very good.  
  
If the GP's score highly the comments regarding the Nursing Staff are a true mixed bag of results. There appears to be some who are highly regarded whilst others appear to be held in less esteem. The underlying theme appears to be that one Nurse has an apparently less than understanding approach to dealing with patients. One size of course does not fit all and everybody can have the odd off day. Perhaps this is the case here, and with two new Nurses now at Newtons perhaps the fact that they have not yet become fixtures and fittings and accepted members of the surgery, may be a relevant factor in this area being less positive than would be considered ideal. I am inclined to think positively about this, although maybe a watching brief to ensure that all is well at that end of the surgery is in order. I have to say that on a personal level most of the time, and when I have had to see a Nurse, the provision of care provided to me has been good.  
  
I wonder if the patients do not understand what modern Nurses do, and if there is some inadvertent discrimination at work here by those who completed the survey? Perhaps that the less good comments could be attributed to the fact that Nurses are perceived to be second class citizens when compared to a GP, and that a lack of understanding and respect for abilities may also be a contributory factor to this part of the survey not scoring quite as highly as the GP results.  
  
It is disappointing to hear of complaints of course, but also it is good to hear that one completed form was surprised that a Nurse could issue prescriptions. I rather think that this comment is good in a couple of ways. It makes the case for age discrimination stronger, and the shock value of a Nurse signing prescriptions will spread like wild fire. If Alison wants to be better known a few more examples like this will help promote positive change quickly.  I wonder if the perception of what Nurses used to do and what they are qualified to do now lies at the root of this issue?   
  
In respect of the good and bad in the waiting room this again is a Curate's Egg of an outcome. Again one complaint about alleged rudeness from a patient about one of the Reception Staff is not nice to read about. Again this is possibly a case of over expectation, of not getting the answer desired or of quite simply of there being a large number of patients in the waiting room at the same time with a number of patients awaiting registration details to be checked, and this takes time. I have seen the Receptionists take verbal abuse that is utterly unjustified and that they keep their tempers in the face of adversity speaks volumes for their understanding natures by and large. I can understand the complaint about children being allowed to run wild with little supervision or control from the parents. Maybe a prominent sign in the waiting room reminding parents not to allow their children to run around would not go amiss. Of course one could easily try to hold back the tide and if a child is Autistic for example this could prove to be a big ask. Common sense should prevail and to be frank the staff on the desk have enough to be getting on with without becoming child minders.   
  
I have little problem with the outcome concerning the first part of the Waiting Room section of the survey, well, the first part at least.  
  
The point about lack of staff and of too many people standing around is real enough. It costs money to employ additional staff and resources are scarce. I do not know if there is substance to nobody being on hand to assist as outlined in the comments of one contributor to the survey. I am guessing that this could have been a one off and if sickness had left gaps in cover for example whilst regrettable it is not something one hopes that is a regular occurrence. Over exaggeration or irritation may provide some kind of gloss on this particular claim but if this is a one off then it is unfortunate and nothing more.  
  
Of greater import are the relatively less than favourable responses concerning telephony. Too much time taken before getting through is a frequently reoccurring gripe. There is truth in this and it is a case of being oversubscribed and lack of resources to hand that make this a problem not just for Newtons patients but at surgeries across the country. Perhaps a simple call handling service telling callers they are number whatever in the cue may resolve some issues albeit at a cost. Not being able to talk to a GP is clearly an issue for some patients and is a concern. I can also understand patients being coy or abrasive if asked by one of the Reception Team to take a note of their reason for wanting to either speak or see a GP that day. I can understand the reticence to disclose personal details relating to a condition to somebody who is not medically qualified. I appreciate that there could be a generation gap issue, there could be communication problems owing to a disability or language barrier that has to be overcome. One could argue that one has a certain duty of care oneself in terms of trying to present a concise diagnoses to whoever is taking notes and trust that this will be sufficient to get through to the right person to call you back. It is a minefield and this is something that is going to be a constant for future surveys. You cannot please all the patients all the time sad to say.  
  
Whilst remaining in this area it is good to hear positive feedback about the Triage Clinic. I know that this is still seen by the less enlightened as a hand off and the cry of I want to speak to or see "my Doctor" will be heard throughout the working day slowly attitudes seem to be at last shifting toward grudging acceptance that this is not only is the shape of things to come but it is the harsh fact of making scare resources go further and to still provide the traditional high quality Newtons care to all patients in the very present, like today.  I hear the comments loud and clear about there being too many patients and of the list being oversubscribed. Well, this may be the case but wake up and smell the coffee seems to be still required learning for too many.  
  
The surgery premises are not state of the art new builds as some have noticed. The physical limitations of Newtons are obvious to all, or should be but within the imposed confines afforded to the health care professionals who provide such excellent services to so many together with a quality admen team to keep the ship upright we would all be far worse off if no surgery existed. That is a sobering thought having read the results in detail now this is one of those odd occasions where the numbers are not telling the entire story. So there are some disappointing numbers in some parts of this result but in the main despite the odd area of concern the summary of this outcome would appear to be that at the sharp end of the business the standards are high. Numbers, great are they not. In the key areas to me things seem to be more than ok. I hope this is some help to you and feel free to forward this to whomever or call me if things need clarification.  Sorry about War and Peace, take care, my kind regards to you, CJ .indeed.    
**Clive Jacobs**

**Patient of Newtons Practice and PPG Chair**

**Also a Patient of the Practice who is a ‘virtual’ member and has reviewed the survey and commented accordingly.**

Hi Maura,

After reading through the literature you sent me Thursday and sleeping on it for a couple of nights, it seems to me after going through it again this morning that you should be congratulated. You steer a well-run ship and the message should be steady as she goes. Some of your figures just miss last year’s scores but that margin is easily accountable by the difference in the random sample taken. Without my comments in front of me made last year and hoping not to repeat them, the lowest scoring is again in the touchy feely area. Very difficult to know whether some comments are justified but my personal experience indicates that your receptionists are without exception helpful, efficient and kind. Understandable though if a patient is worried especially about a child or close relative, social skills will be at a low ebb and perceptions become skewed. Confidence in a doctor is subjective and again is an emotional and not necessarily rational reaction. As for the doctor of choice the same applies this year as last, fewer doctors/longer hours without lifting a finger improves the outlook but you have to cope with reality not theory and there is little you can do to upgrade this situation. Perhaps next year patients will find your new online booking system makes for better communication.  Hope you find these comments constructive.

23.3.2014

Newtons Practice

**Improving Patient Satisfaction**

**Practice Action Plan for 2014**

| **Area for Improvement** | | **Recommendation** | **Action required** | **Practice Lead** |  | **Comments /Achievements**  **2012/2013** | **What the practice has achieved in 2013/14 and the areas we need to improve as highlighted in the survey.** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Ability to get through to the Practice by Telephone | Review the telephone queue system to offer appropriate options for patients when calling in | * Research and identify the options and solutions that are available to help with current set-up to improve patients’ experience – we may have to investigate the purchase of a complete new telephone system as we have already maximised the current provision last year to increase capacity. * Review internal measures for phone capacity – more headsets (£) | Maura Preece  PM |  | We have had ongoing discussions with the telephone provider as to how we can improve the services of the phone system. Consider auto attendant features that could provide information to patients when on hold.  We have maximised all line capacity- the next step is to purchase a complete new system. (£) | The Partners have had to purchase some more software to help with the efficiency of the phones. We have also purchased more headsets for the clinicians, as many consultations are carried out over the phone.  Since changing the appointments system we have found that the phone lines are more manageable, although we continue to receive complaints from patients that the line continues to ring, this is because we have 8 lines and often just 4 reception staff answering them. We are unable to offer a call centre model to our patients. |
| Offer appointments On Line  also  Re-enforce test results available after 2.00 p.m. To lessen the volume of incoming calls. | * The new clinical system will enable this facility – we do not want to disenfranchise non internet users which is why we have held back as a Practice– and it may increase demand, but we will have to introduce this to ensure modern technology improves access * Monitor and evaluate whether equipment has enabled staff to take more incoming calls whilst also covering the reception desk | Maura Preece |  |  | We are now offering appointments on line as of December 2013. Currently patients have to register and get a unique ID number in order to log into the EMIS Access. This is easily done by completing the form either obtained from the website or calling into the Practice. We do need to see the patient’s passport or photo ID to give a secure number, as this will in time be used to access personal medical record and we have to ensure that there is no potential breach of confidentiality. |
|  | * Consider appointing another receptionist to assist with the phone handling. |  |  |  | We have taken on additional staff as our patient list has continued to rise. We are currently recruiting. |
| Ongoing use of text messaging service to patients as a reminder to patients not to forget their appointment | * Ensure that we have all patients up to date mobile numbers | Sue Jennings  Ass PM |  | We will not use the voice messaging service again as patients did not like it. | We now have over 51% of patient’s mobile numbers so we can remind them about appointments within the next 24 hours which does keep our ‘failed to attend’ list low. |
| The 111 access – soft touch. | * Monitor the 111 incoming calls | Sue Jennings |  |  | The 111 has not been particularly well received by patients or GPs – we anticipate over time this service will improve. The new provider for out of hours cover will be a company called IC24. This will be highlighted on the website and in the Practice. |
| 2. | Appointment System | Utilising the texting system that the Practice is funding to ensure that all patients receive text reminders of their appointments now that we are offering up to 6 weeks in advance of pre-bookable appointments. | * Look at increasing use of text messaging service as a reminder to patients not to forget their appointment. * Ensure we ask patients who are registering with the Practice for their mobile number. Also ensure when booking appointments that we have patients up to date mobile numbers. | Maura Preece  PM |  | This facility will prove especially helpful when targeting patients for their annual flu jabs and sending out annual recall reminders. | We need to constantly remind patients of this service but we do need everyone’s up to date mobile number.  Currently the percentage of mobile numbers we have are:  33% of under 20’s  80% of 20-40 yr olds  60% of 40-60 yr olds  29% of over 60s\*\* so we need to encourage this age group. In time patients will be able to have their test results sent to then using this medium. |
| Continue with the Daily ‘Express Clinic’ model as the Practice needs to match capacity to demand. | * Continually review the appointment system to help improve access and manage patient demand * The Practice have received in excess of 70 patients daily who have wanted immediate access to a GP, fortunately having being triaged this resulted in very few needing to be seen in the Practice. * Communicate any changes to staff and patients as feedback is crucial. * Design a patient survey that is quick and easy to complete for patients attending the Express Clinic. * Appoint another nurse to the clinical team – to free up our triage nurses who could offer more help in running this service. | Maura Preece  PM |  | Practice to review access following audit capacity and demand.  We refrained from promoting this new service for fear of patients who had self limiting conditions that may resolve within a few days, would find it more convenient to use rather than their own judgement or wait until they were given a routine appointment.  We did know it would prove incredibly popular with parents of young children and for patients who just required telephone advice which is good news.  We believe patients presenting at A & E during the day would have reduced because all patients who have a clinical urgent need will be dealt with by the Duty Doctor in the Express Clinic. –This is a government target that the Practice has to meet. | We have renamed the Express Clinic to the ‘Triage Clinic’, as we found patients were using the Express Clinic as a means of accessing the Practice when it was not an emergency, just more convenient for them. Unfortunately in this economic climate we cannot provide this level of service without compromising another part of it. Genuine emergencies had to wait longer which was not the remit of the clinic.  We have also appointed a Nurse practitioner/prescriber who supports the clinic in the mornings.  The Triage clinic is only available in the mornings from 8.00 to midday. This is now lead by the Duty Doctor, the lead nurse and the nurse practitioner.  Another positive benefit of this clinic is that the amount of children/teenagers under 19, who attend A& E in the last 12 months, has reduced by 33%!  We also offer a range of self-care leaflets in the waiting room and on the website. |
|  |  | Promote patient telephone consultations with their preferred GP. | * This facility is already in place but only 63% indicted that they knew about it. | Maura Preece |  | Need to ensure patients do not expect an immediate response as GP may be unavailable for several days. | This facility has improved but not enough to ensure that all patients are aware of this. We will promote this at every opportunity because it is far more convenient for the patient. |
| 3 | Information for patients about the Services the Practice provides. | **Patient information:**  Review the information provided in the Practice booklet which is given to every newly registered patient.  Review the targeted messages used on the AMSCREEN screens.  Ensure that the patients are aware we have a website that is constantly update | * Improve information posters in the waiting room. * Consider using data (numbers) on the A & E attendances where a trip or call to the Out of Hours services would have been more appropriate and timelier for the patient. * Advertise the extended access surgeries in a ‘bolder’ way. Ensure that the reception team are offering them when patients speak of difficulties in getting to the Practice during working hours. * Do all patients know that they can use the website for repeat prescriptions * Highlight how easy it is to make a comment – slips on the counter or by the exit door. | Maura Preece |  | The PPG Introduces a Practice newsletter which they hope to repeat in Summer 2014 | Due to infection control measures we have introduced sealed display frames around the walls of the waiting room with information that is pertinent to the patient. This gives us the opportunity to let patients know what is happening within the Practice.  https://www.mysurgerywebsite.co.uk/WebCharts/06647522-11a0-4d74-b22e-24fe2c9c55cb.Png  The website was used by 80,150 people in the last 12 months. It is regularly updated by the Practice Manager.  715 patients have registered to use the prescription on line service. |

Maura Preece

Practice Manager

on behalf of the Partners of Newtons Practice

17.3.2014