

**Forestside Medical Practice
Year 3 Patient Participation DES
& Over-viewing Years 1 to 3
2011-2014**

The aim of this government led project is to encourage better communication between the staff, doctors and the patients of Forestside Medical Practice which has continued into its third year.

Summary of the PPG DES

Component – 6B & Step 2

Within Year 1, 2 and 3 we:

1. Developed a Questionnaire to gain patient feedback from our practice population – detailing a structured way forward within the PRG
2. Which then helped us focus on patient comments and agree with our PRG members the priorities for year one.
3. We collate patient views through our online and in-house surveys
4. We then met with our PRG to discuss survey findings and to agree with them any planned changes within our services
5. We then sought agreement with our PRG for an action plan and implementing future changes.
6. Publicise our actions taken and any achievement made from the planned changes.

Agreements for years 1 to 3 were;

Year 1	Date achieved	Outstanding
1. Advertise to join PPG	OCT 2011	On-Going
2. Set Up Virtual Group	Nov 2011	Ongoing
3. Change Appointments System at Dibden Purlieu	Pilot Project completed Oct 11 to March 2012	Pilot a success – kept change to appointments from 1.4.12
Year 2	Date achieved	Outstanding
1. We set up the PPG with 6 actual members	April 12	On-going
2. we set up practice website	April 12	On-going
3. We ran GP audits	November 2012 for 13 weeks	On-going
4. We set up the virtual Group and ran the first audit	November 12 for 13 weeks	On-going
5. We discussed the audits with the PPG and decision was made to :-		
a. Audit Nurses Separately for 2012-2013	20 th November 2012 to 18 th Feb 2013	
b. Re- audit the GP's for 2012-2013	20 th Feb 2012 to 18 th Feb 2013	
3. Look at the requests for Saturday opening	20 th November 2012 to 18 th Feb 2013	

4. We published the results in practice and on our practice website	March 2013	
5. We drew up our report and placed it on our website	March 2013	
Year 3 Plan	Date achieved	Outstanding
1. Continuing to Advertise - Our group dropped to 5 members with 2 additional patients currently showing an interest	From April 13 to March 2014	Looking to get the two new members sign up in March 2014
2. Appointments System – We continued to build on the appointments pilot system. Encouraging 6 weeks rota on at any given time	April 2013 – March 2014	Ongoing
3. DNA's	Oct 13 – March 2014	On-going
4. Continue to Improve Continuity of Care	April 13 – March 2014	Ongoing
5. We have additional members within our virtual group	April 13 to March 2014	On-going
6. PPG Meeting 7 th October to Prepare for sending out the Survey from November 7. Results discussed at a follow-up meeting on the 28 th January 2014	7 th October 2013 PPG Meeting Questionnaires went live on our Website and within our waiting rooms from the 28 th October 2013.	Questionnaires were given out in clinic from the 28 th October 2013. Survey audits were closed on the 28 th January 2014 and discussed at a PPG meeting on the evening of the 28 th January 2014
8. We set up two out of hours flu clinics run by all clinicians and staff assisted by PPG members	October 2013	We intend to do this again in 2015
9. We re-ran the GP audit	End of October 2013 to January 2014	Closed the audit on the 28.1.14 and up loaded it to our practice web site
10. We re-ran the nurse audit	End of October 2013 – Jan 2014	Closed the audit on the 28.1.14 and uploaded it to our practice web site
11. We met with the PPG members to discuss the audit results	28.1.2014	
12. Survey results discussed at a partners meeting on the 30 th January 2014	30 th January 2014	We put the survey results on our website 28.1.2014

Component 6B - Steps 1 and 2 – Develop & Agree Priorities;

Practice detailed aims throughout the three year period continues to be;

- To encourage the exchange of views between patients, staff and doctors alike, through practice surveys periodically sent throughout the year.
- The questionnaires were also available on the practice website and were emailed out to all those registered within our virtual group.
- Posters were displayed within the waiting rooms and on our practice website. Sign up forms are also placed within the waiting rooms and on the website.
- To secure a good cross section of the practice population the questionnaires were given out within all clinics; at the point of registration, in our waiting rooms and on-line; some Key Areas the practice tried to reach to obtain valued feed back to enable us to improve the service we offer, were covered in the following clinics;
 - Routine Health Checks.
 - Immunisation Programme.
 - Learning Disabilities – Needs.
 - Childhood Illnesses.
 - At Risk Groups.
 - Chronic Disease Management.
 - Sexual Health and Birth Control.
- Through the questionnaire's we aimed to encouraged the patients to voice their opinions and for the practice to work with staff trying to encourage team work, continuity of care and high quality of services and support through:
 - Education Sessions – For staff and patients
 - Support - support for staff and patients alike
- To promote the exchange of ideas to identify gaps in our appointment system and any scope for improvement(s).
- To assess staffing levels set against the services we offer and are required to offer
- To promote and improve the patient experience
- To periodically look at (DNA's); patients who did not attend their appointments and did not cancel or let the practice know, and publish results

Steps 1 and 2 Continued;

Additional third Year Priorities Agreed – Component 6C - the steps taken to determine and reach agreement on the issues which had priority and were included in the local practice survey.

1. Faster pathology results
2. Continue the appointments Pilot Scheme
3. Look at DNA's
4. Undertake Saturday Morning flu clinics - Within these clinics we made additional attempts to advertise and promote the group run by all clinicians and staff. We had two members of our PPG assisting within each clinic; talking to patients, offering our services and directing patients into the clinics. – **Our aim was to offer** everyone within the practice the chance to join our PPG or to sign up as a member of our virtual group

5. Continue to look at our staffing levels against business needs to meet/support patient demand/need
6. Continue to Advertise the PPG
7. Education & Training

Steps Taken By the Practice with the PRG: - Year 3 Component 6B, 6C

- Advertised joining our PPG through Face to Face via GP invitation, at Reception staff giving out leaflets and leaflets in the waiting room and attached to our self check-in system
- We Gave Out Invitations within;
 - Baby immunization clinics to attract young mums
 - Diabetic clinics to target at risk/chronic disease groups
 - Learning disability clinics to target the at risk – and their carer's
 - New patients were encouraged to join either group; forms are attached to new patient registration packs and given out to all
 - Forms were attached to prescriptions
 - We added On-line application forms within our practice web-site
 - Posters/leaflets were displayed within the waiting room
 - Advertised in the parish council magazine
 - Poster given to chemists to display
 - Advertising within flu clinics.

From the Priorities set by the PPG last year and this year. Component 6C

Pathology Results; by signing up to the ICE system we have switched off paper results which has reduced pressure on both clinical and admin staff. Having the clinicians work electronically ensures they pass a comment on the result and read code, the response then assists staff as they don't have to wait for the GP to pass on the results, they can read the GP's response and comment accordingly. (Staff can only comment on normal results) We ran a pathology audit on the 15.8.13 – (**See annex A**). Our aim is to get all clinical and administrative staff using the electronic system by March 2015.

Appointments; we felt that having 'on the day appointments'; 48 and 72 hour appointments, as well as a bookable rota up to 6 weeks in advance, worked well assisting patients, staff and doctors within our Dibden Purlieu surgery.

However, Marchwood surgery continues running the GP Triage appointment system with a six week rota. Marchwood has a younger population, most of which prefer to be assessed, seen and sorted the same day. Many patients prefer GP triage, as they don't always want to attend the surgery. So speaking to a GP suits their needs, including being seen the same day when & if required.

Having looked at our DNA's in October 2013, following on from the August PPG Meeting. We now publish the results within the waiting room (**See annex B**). We have developed a letter to go out to those patients who 'DNA' 3 or more times. We are also putting information in our next practice leaflet.

Run by all clinicians, we held 2 Saturday morning flu clinics and then 2 mid week afternoon clinics, which were supported by 6 PPG members. All of these sessions were a great success and the PPG members were extremely supportive. The PPG members directed patients in to the clinical rooms, assisted giving out information leaflets and advertised the PPG group, as well as answering

any patient questions. At the PPG meeting on the 28th January, the decision was made to do this again in 2014.

Staffing Levels; Staffing levels have been a challenge throughout the year due to staff sickness, maternity and paternity leave, personnel moving on & those retiring. We have added several new members to the team since December 2013; in the short term this will be harder on existing staff having to train new staff however; long term, things should improve. As a learning tool we have linked staff changes to our training programme set against service, attitude, consistency and teamwork to ensure continuity and quality of care, set against CQC standards!

Stage 3 & 4 Continued

The 2013-2014 Survey Summary Evidence

Comments Raised from the Questionnaires – Component 6G

1. *The whole practice I find very kind and helpful especially the nurses. It is a pleasure to visit the surgery.
2. *Dr Arnold and Dr Woollett are always very good and helpful.
3. *Dr Arnold was very good, reassuring and helpful. Thank you
4. *Always find everyone very helpful and kind
5. *Drs are fantastic and sympathetic
6. *I have recently moved to the area and have been impressed with the practice. I have two small children and have always been able to get appointments for them when unwell – Thank you.
7. *Seen 5 different doctors as and when – all good.
8. I find it frustrating you cannot get an appointment the day you call, or even the day after. Its constantly triage or you have to wait a week for a routine appointment. (Marchwood Patient)
9. * Saw Dr Arnold Last time – very good
10. *Weekends and evenings are the only problem- I am happy with the surgery and think Dr Arnold is the best.
11. *Everyone at the surgery is very helpful providing an excellent service.
12. *Just an excellent service by all concerned
13. Get the reception staff to stop asking what is wrong with you. It is nothing to do with them. Plus get the doctors to listen to the patient especially if it relates to them being repossessed or having their sick money stopped. Doctors do not care about the patient when they tell them that.
14. *My course of injections, over two weeks, was all pre-booked and carried out efficiently.
15. *Very satisfied with my appointment today.
16. *I have always found the service very helpful and considerate
17. *excellent service each time I have attended
18. Waited 3 weeks to see my chosen doctor
19. *Very happy with the current service – I'm retired so may be different for workers
20. If a doctor tells you a blood form or a letter will be ready and when you go to collect it the receptionist cannot find it!
21. Would like to be able to see Dr Joseph my chosen doctor earlier, two weeks is a long time to wait.
22. * am getting a really good service, Sister Prestage is excellent
23. It is very difficult to get help or advice at weekends. The old system of having a minor injuries clinic with a nurse who can contact a doctor when necessary was excellent; it also cut the number going to A&E.

Practice Comments, Feed-Back – Stage 3 & Component 6 F&G

It was felt from the comments raised above in 1,2,3,4,5,6,7,9,10,11,12,14,15,16,17,19 and 22, marked with an * were all very positive and we thanked our patients for their helpful feed back and continuing support of Forestside.

Comment for Number 8 - Find it frustrating you cannot get an appointment the day you call, or even the day after. Its constantly triage or you have to wait a week for a routine appointment.

- Marchwood surgery does work through same day GP triage, where the GP talks directly to the patient, with the GP, based on the information supplied by the patient booking the patient into an appropriate appointment slot either same day, 48/72 hours or later, set against clinical need. Patients can however, book up to six weeks ahead for routine appointments which works well, until a GP is away, and then there is likely to be a delay in seeing your chosen doctor! Unfortunately this is out of anyone's control and happens in all surgeries – no one can be available 24/7. We assess the appointment on a daily/weekly basis at Marchwood and adjust where appropriate to meet heavier demands; i.e. like in winter months where we would put locum cover in if necessary.

Comment for Number 13 - Get the reception staff to stop asking what is wrong with you, It is nothing to do with them. Plus get the doctors to listen to the patient, especially if it relates to them being repossessed or having their sick money stopped. Doctors do not care about the patient when they tell them that.

Our reception staff are all trained to meet the GP requirements and have been asked by the clinicians to ask "can you give me a brief indication of the nature of the problem for the doctor please or is it personal"? If the patient responds with 'personal' the staff just accept that response.

The reason behind this question is that it highlights to the GP, within their clinic, the nature of the potential ailments/problems coming in, and for them to assess (triage) and contact any patient they feel needs to be seen sooner than their allotted time. It also helps them to source equipment needed from the treatment rooms to use within their clinics, where any special requirements may be required.

If a patient needs urgent bloods or x-rays the sooner the GP knows the better, as they may need to attend surgery earlier in order to get the test done the same day or they may need to be seen and sent to x-ray within core hours rather than being sent to A&E or being brought back in the following day due to the delay.

Comment for No 18 - Waited 3 weeks to see my chosen doctor

Not knowing the actual circumstances when booking the appointment, it is difficult to pin point a dedicated response. If the specific GP was away or off sick then it is out of our control however, we do try to offer alternative appointments with another GP.

If the specific GP is part time, then the only way to prevent this is by seeing another GP

If the rota is late coming out, then as a practice, we can work on this and try to improve the service. There is always room for improvement.

Comment No 20 - If a doctor tells you a blood form or a letter will be ready and when you go to collect it & the receptionist cannot find it!

Unfortunately this does happen at times and it is extremely frustrating for the patients and staff alike. GP's do have telephone consultations at the beginning or part way through some surgeries where they contact a patient, discuss issues and agree to do prescriptions or blood forms saying they will leave it at the desk. The patient then pops up to surgery and gets quite annoyed when the item cannot be found. The staff member then has to interrupt the GP's clinic to ask for the paperwork, which in turn upsets the GP, and so it goes round. We do need to work on this; there is definitely room for improvement!

These forms mainly come out of the doctor's clinic after 5:30 pm once they have finished seeing their patients. This needs to be relayed to the patient at the point of the telephone consultation.

Comment No 21- Would like to be able to see Dr Joseph, my chosen doctor earlier. Two weeks is a long time to wait.

Unfortunately this is not always possible as Dr Joseph is very popular and a part-time doctor. We do try our utmost to accommodate patients where we can, and if we cannot offer an earlier appointment, we routinely e-mail the GP to see if the patient needs to be seen sooner?

Comment No 23 - It is very difficult to get help or advice at weekends. The old system of having a minor injuries clinic with a nurse who can contact a doctor when necessary was excellent; it also cuts the number going to A&E.

We all agree it can sometimes be difficult over evenings and weekends when the surgery is closed, to seek advice or support. The Out of Hours contact details are as follows; telephone 111 whereby all patients should be able to speak to a clinician for support or advice – be that a nurse or a doctor. If you have difficulties during the out of hours, please contact the surgery when we are next open to raise your concerns and we will try to assist; or we may point you in the direction of the patients 'experience complaints service' if we are unable to assist.

Further Practice comments

As a practice we welcome feed back, good or bad; and in general we try to resolve any problems the same day (where reasonably practicable). Meeting with our patient participation group allows us to discuss patient issues, bounce them off the group and on the whole come up with options or solutions as appropriate. In an ideal world it would be nice to provide all services, but this is not always possible.

The PPG felt the comments above remained very positive, which shows that through difficult circumstances the team have pulled together to assist patient needs/requests. We always strive to do better.

The surveys have been in the waiting rooms all year for patients to pick up however; they were specifically given out again over a 13 week period to 500 patients between the 28th October 2013 and the 28th January 2014. Those given out in-house reflected a specific audit given directly to the patients who had just seen either a GP or a Nurse. However; the virtual group patients were sent both the GP and Nurse survey's, as we could not confirm which clinician they may have seen.

Patient Participation Groups

We have 209 patients currently registered within the virtual group, an increase of 79 patients within the year and a 62% increase in overall.

This was then broken down to;

- 291 people within the practice following consultation
- 209 people sent via the virtual group via the internet.
- All were sent or given the enclosed questionnaires

Stage 1 & Component 6A, 6G, - PPG Profile – Nurse Questionnaire

112 people completed the Nurse questionnaire = 22.4%

The age of the Patients responding for the Nurse Questionnaire was:-

17-24 = 3%	25-34 = 6%	35 – 44 = 12%		
45 – 54 = 17%	55 – 64 = 20%	65 – 74 = 18%	75- 84 = 15%	Over 84 = 1%

45% = Female 45% = Male 10% declined to answer

Of these patients:

27% attended surgery regularly
56% attended surgery occasionally
12% attended surgery rarely
5% declined to respond.

Current PRG member Ethnic Origin Breakdown is.

91 % White British
1 % Indian
3 % Other
5 % Declined To Respond

Responses

- We have had an 83% increase in returned nurse questionnaires.
- It was felt in general that there was an 18% increase in responses from patients under the age of 54 quite an achievement compared to last years figures.
- Given the short time frame and the constraints placed on the practice due to long term sickness within the nursing team it was felt that the results remained positive and it was felt in general that was known to the remaining nurses covering extra sessions.
- Many older patients felt they had completed this last year and did not need to repeat the questionnaire.

Stage 1 & Component 6A, 6G, - PPG Profile – GP Questionnaires

154 people completed the GP questionnaire equalling 30.8%, which is an increase of 70 patients, which in turn is also an 83% increase on last year.

The age of the patients responding to the GP questionnaire was:-

17 – 24 = 2%	25 – 34 = 9%	35 – 44 = 8%	45 – 54 = 15%
55 – 64 = 20%	65 – 74 = 25%	75 – 84 = 14%	Over 84 = 2%

5% declined to answer

56% = Female 38% = Males 6% - Declined to Answer

Of These Patients;

35% Attended surgery regularly
46% attended surgery occasionally
14% very rarely
5% declined to respond.

Current PRG member Ethnic Origin Breakdown is:-

90% white British
1% White Irish
5% Other
4% Declined To Respond

Practice Profile -Current Practice Population

Our practice population is broken down into different male and female age ranges helping the practice to understand and support patient needs:-

0-4 5-16 17-24 25-35 35-44 45-54 55-64 65-74 75-84 85-89 90+

Break down as at the 18th February 2013 and as at 26.1.2014

0-4 Males	373	380	>7
0-4 Females	329	327	<2
5-16 Males	816	829	>13
5-16 Females	765	780	>15
17-24 Males	470	446	<24
17-24 Females	478	477	<1
25-34 Males	586	581	<5
25-34 Females	691	684	<7
35-44 Males	651	629	<22
35-44 Females	756	744	<12
45-54 Males	829	813	<16
45-54 Females	842	835	<7
55-64 Males	634	628	<6
55-64 Females	661	673	>12
65-74 Males	485	511	>26
65-74 Females	531	544	>13
75-84 Males	318	325	>7
75-84 Females	376	377	>1
85-89 Males	64	65	>1
85-89 Females	83	100	>17
90+ Males	24	25	>1
90+ Females	57	54	<3

Practice Profile - Our Practice Showed;

- One practice working from two sites – Dibden Purlieu being the Main Site and Marchwood being there Branch Site.
- 59% of patients are registered at Dibden Purlieu and 41% at Marchwood

- 45% of the under 5s are at Dibden purlieu surgery, as opposed to 55% at Marchwood. A lot of this is down to having young military families at Marchwood
- 53% of the under 25 year olds are registered at Dibden Purlieu and 47% at Marchwood
- Dibden Purlieu surgery sees over 70% of the chronic disease management, whereas Marchwood sees more coughs, colds and ear problems.

Component 6F, General Information and Agreed Prioritise Set with the PPG

Size and profile of the PRG

Year 1 - During the previous year, 2011-2012 we had 4 members in our PPG sadly one passed away and another other pulled out, leaving two people. In the autumn of this year we set up the virtual group and had 121 members within the group.

Year 2 - During 2012-13 we had 6 face-to-face members and 130 virtual members.

Year 3 – During 2013-14 at the start of the year we had 7 face to face members; we now have 6 and 209 virtual members.

Component 6B, 6C, 6D, Steps 3 and 4

After advertising in set areas including:

- Notice Boards
- Website
- Waiting rooms
- Clinical rooms
- Face to face chats
- Parish magazines
- Chemist
- On the self check-in system

The practice offers the opportunity for patients to comment on the services we provide through various different options

- Questionnaires in-house
- On our website,
- Comments placed in the comments boxes within our waiting rooms

We then set about collating their views through the surveys, which in turn enabled the PPG members to assess patient views, collate their comments and report their points of view on behalf of the practice population, back to the practice. This was done at the following meetings where we all met to discuss the services we offer, with the aim of providing a better service for the future.

Components 6D & 6E; during 2013-14 we met with the PRG Members on the following Dates:

30.5.2013
15.8.2013
28.1.2014

Steps 2, 3 and 4 continued – Agreed areas of priority set with the PRG for 2013 - 14

Third Year Main Priorities set were;

- Repeat the two surveys
- Offer Saturday morning flu clinics – with the assistance of the PPG members
- Continue with the new appointments system
- Look at DNA's
- Pathology results
- Look at staffing levels

From 2011-2013 we set the following action plan that continued through to March 2014.

Stage 5 - Component 6F

1. Continue/finish our pilot scheme for the appointments system – We continued with this appointments pilot service as on the whole, it has worked well in practice
2. Set the ground rules in the meeting on the 15.8.13 for the 2013-2014 audits
3. Re-Ran the 2 separate audits from 28th October 2013 – 28th Jan 2014
4. Discussed the results with the partners at their morning meeting on the 28th January 2014
5. Discuss the audit results further at our next all practice meeting on the 28th January 2014 with the PRG, Key staff and Dr Joseph.
6. Following on from the previous years Saturday morning opening requests – the requests were 3% less than the previous year and therefore not an option at this time.
7. The practice had signed up to the ICE project and sent and received online test requests, turning off the paper results, that in turn assisted GP's as the hospital results could be viewed within surgery, without having to call the lab. The results were filed electronically so the staff were now able to relay the results directly to the patient, when normal, without having to speak to a GP. Set against the GP comments, which in turn saved time and made it easier for staff and patients. This resolved a lot of patient and staff issues.
8. Staffing levels have remained challenging due to maternity and paternity leave and extended sickness, which has been out of practice control. We continue striving to improve our staffing levels and have recruited new staff at the end of the year. This is currently slowly making a difference however; there are further changes ahead within 2014-2015 such as further retirements and maternity leave which we aim to meet and overcome.
9. DNA's from October 2013 – 2014 were high. We run the report in October, January and February and they were around the 185 mark each month. As an action from this we now have a DNA policy and if a patient DNS's 3 times, we now send them a letter. We display the results within our waiting room to try and deter patients from DNA and encourage them to inform us if they cannot attend. This is a working project that we aim to improve.

Year Two

Appointments System Pilot Scheme

From the meeting on the 26th April 2012 it was agreed to; continue the changes made to our appointments system (to stop GP Triage within our Dibden Purlieu surgeries) and to run each clinic accommodating routine, pre-bookable and urgent slots along with adding 6 dedicated telephone opportunities (as this had proved to be a success, working well on the whole for all our patients, it

was agreed to carry it on into the new financial year). This has greatly reduced the number of verbal complaints by staff and patients alike and continues to work well (as long as we have enough doctors in-house). (We cannot prevent problems during unexpected periods of short-term sickness). The system is less stressful to the practice team and patients.

Year Three

For the Year 2013-2014 – we agreed to;

Continue with the changes from 2011-2012 to 2012-2013 and into 2013-2014; these are still very effective and work well within Dibden Purlieu surgery.

Daily triage remains within the Marchwood surgery as that suits the patient population there.

We have had to deal with long term sick leave for a period of 8 months during 2013-14 and this system has helped reduce a great deal of stress for both staff and patients alike. However; we have adjusted our available clinical time by taking on a salaried GP and now a new retainer to improve continuity of care further.

Year Two

2. PPG Meeting 26th April 2012

Audits were discussed and it was agreed to re-run the previous two audits over the autumn/winter months with one exception; that the nurses would be audited separately to the doctors! This would then give a more defined audit, accurate to the individual teams.

Year Three Stage 2 & Stage 4 Component 6C&6E

3. PPG Meeting 15th August 2013 the Agenda included;

- Carrying forward our PPG meetings into 2013-2014 where we discussed the group, the practice needs, patient requests and perceived needs.
- We organised the plan for flu clinics in consultation with our PPG members
- The need to improve patient results
- The problems patients are experiencing within Hythe phlebotomy services!
- We discussed the problems we were having with patients not attending or cancelling their appointments (DNA's) and the objectives we had
- We discussed the questionnaires and the phrasing of questions against set timescales
- We discussed the practice process for dealing with complaints and were they more or less than they were in the past?
- We discussed the new dementia friendly scheme within the community
- We felt that from the questionnaires run between 28th October 13 to 28th January 14, and in particular by having a separate nurses audit, that it gave us a more meaningful response; it was also encouraging that the age range of the patients that responded was younger than the previous years.
- The percentage of patients that declined to respond had dropped by 8% to 26%, which is much better, but there is still a lot of room for improvement! We aim to get this down further still.
- Following the two surveys offered to all patients, it was felt by the PPG and doctors that the responses remained quite positive.
- The questions asked were split between 10 opinion response style questions and 8 demographic style questions
- Even with an 83% increase in responses, those requesting Saturday morning surgeries remained the same at 27%
- The results remained up-beat and positive, but again it was felt that the practice could not accommodate (financially) the cost of weekend working, set against a patient wish list, as opposed to an actual practice need to provide an additional service to our patients.

- We were encouraged to look at the higher level of responses with a view to assessing change. Our highest response level was for evenings, 6:30pm to 9:30pm but we already offer this service.
- Our second highest response was “happy with the current service offered”, which we felt, coupled with the response from the current extended hours service we offer, that the group felt the practice has continued to get it right this year.
- From the PPG meeting on the 28th January 2014, the question was raised as to whether the practice could offer Saturday morning surgeries with a partner as opposed to a locum doctor, as offered in the questionnaire! However, it was felt that having part time doctors split between two sites would not be a financially viable option, and that core continuity of care needed to be focused on first. Otherwise we maybe letting patients down during the core hours of 8.00am to 6.30pm, whilst trying to provide further shift patterns between the two sites trying to further extend the already extended OOH's.
- At the meeting on the 28.01.14, we discussed with the group, the Limited Company that had been set up by all the 17 locality practices to try and bid for, secure and improve services within primary care.
- It was felt that if those practices only had one site to contend with, that life would be a little easier, whilst looking to increase services or to address change; but for those with two sets of bills, staffing costs and site locations, and still being a small practice, it would not be a sustainable option.
- The group felt that question 4 - “within what time scales were you offered an appointment” that the results did not give a true reflection of our appointments system, as many of those patients waiting over 10 days were probably booking follow-up or – review appointments and did not need to be seen sooner; it could not therefore, give a true reflection. Whereas, if we asked this question again, we needed to break it down even further. To find out if the appointment was for;
 1. Follow-up, routine or urgent problem?
 2. Did they choose over a week or did they want one sooner?
 3. Was the appointment given, the next available?
 4. Was there a delay because their GP was away?
 5. Was there a delay because the rota was not on?

During 2013-14, Year Three - We have coped with;

- Learning a new computer system (all staff and doctors)
- A senior nurse being out of action for 8 months
- A partner unwell/ out of action for approximately 3 months
- A second partner out of action for 3 weeks
- Two partners away on paternity leave (Combined leave equals 8 weeks)
- Senior member of staff retiring
- 1 member of staff off on Maternity leave - commenced September 2013
- 2 Members of staff left to get 2 full time employment
- Three new members of staff joined the practice/ Placing additional pressure on remaining staff to train and cover on top of their own roles.
- Taking on a 2nd GP Trainee
- Starting to see 3rd year students

Year 3 - The practice has focused on; Stages 2 & Stage 5

1. All of the above has had a major impact on the staff and doctors within the practice. However; the team have worked very hard providing stability, continuity for the patients and staff alike and of course, accommodating patients and their needs
2. Staffing levels have changed dramatically throughout the year; and with the additional pressures thrown at us during the winter months, staff remained professional and committed to the patients and partners alike. Unfortunately sickness is out of the practices control, but the remaining staff and doctors have been stoic.
3. We also focused on staff training, customer care and quality of service
4. We took on a 2nd GP trainee in February 2013 for 10 months, this potentially puts more pressure on the trainers however; the trainee was a proactive member of the team and an asset to the practice.
5. The partners have increased clinical sessions by taking on a 3rd salaried GP and a new retainer started in February 2014 with a second GP Trainee also starting in February 2014
6. Adverts have continued to go in the Marchwood Parish Magazine (whilst space was available) to recruit new Staff. External papers remain too expensive.
7. We also have posters in the waiting rooms & forms attached to our new patient registrations in the hope of getting more people interested in joining our group.
8. On a positive note, several of our PPG members joined staff and clinicians in our first ever Saturday morning flu clinics, which proved a great success. We could not have done this without the support of the PPG members; they were excellent throughout and we could not thank them enough. We intend to take this forward into 2014-15
9. "When should I worry" leaflets have been made available to mums with young families in the hope of reducing the pressures on A&E. They are also available on our website.

Year 3 Stage 3 & Component 6C&6D&6E. - Method used to identify the priority Areas

- Letters sent out – Flyers in waiting room
- Face to Face in consultations
- From the meetings, all members requested copies of the GP and nurse questionnaires
- Maintained practice website and added the survey questions onto the website
- Appropriate Notices on our Notice Board
- Discussed again with all staff and doctors.
- Questionnaire put in waiting room with offer to join our virtual group within the various clinics
- The audit having closed, results placed within waiting room 28th January 2014
- To increase awareness, we are currently looking at up-dating our notice boards

Components 6C, 6D & 6E - The Method Used for discussing and agreeing priorities

- Partners meeting
- Letters sent
- Sign up of virtual group
- PRG and practice meetings – assesses the process of the questionnaires and value of responses
- Following on from the meeting - questionnaire responses sent out by e-mail for virtual comments

Component 6C, 6D & 6E - Method used for the survey

- Open to all patients
- Taking a representative sample from a cross section of patients
- Making the questions as impersonal as possible
- We made the questions simple to answer
- We made the survey tick box answers for ease of completion
- We opened the questionnaires up to all both on line and with paper copies in-house to cater for all patients
- Engaged with our PRG – face to face and on-line from April 2013 to March 2014
- Face to face with reception staff
- Forms given out within Baby clinic
- Forms given out at disability check
- Forms given out in diabetic clinics
- Discussed again at all practice meetings with all staff and doctors on 13.2.2014

Component 6C, 6D, 6E & 6G - Method and rationale used to agree the questions

- Our survey sought to see what patients thought of us, the services we offer and how we were performing – to enable the practice to do better!
- The study sought to encourage patients to work with us to improve the services we currently offer & with the view to improving for the future. Also encouraging them to tell us what they feel we need to do to meet their needs in the future; we started this process by:
 - Making immediate changes to meet patient demand/needs, by way of the virtual group setting priorities.

An Analysis of the patients surveyed Stage 3

- Surveys was open to all patients

- Over 500 questionnaires were given out through a mixture hard copy's given face to face and others emailed to those who formed our virtual group. More could have been collected from the waiting rooms.
- 266 patients completed the survey

The general theme from the survey showed;

- Overall the survey indicates that the practice is providing a good service and that the majority of patients are happy with the service.
- 6% showed that getting through to the surgery was a problem. This is 2% down on last years survey (an improvement), this could just be down to peak times when calling – we need to monitor this
- 19% showed our opening times as poor/fair – this could be down to just two negative comments, it could be down to peak time calling – we did not feel we could change our system again at this stage.
- Requests for evening and Saturday appointments amounted to 60% and as 54% of the respondents were of working age, we need to watch this in the coming year.
- 32% were happy with our current service and a further 33% liked evening appointments – this meant 65% endorsed the service we currently offer.
- 51% felt the nursing service was excellent and 36% felt it was very good that is 87% who were happy with the service however; we still have room for improvement.

Method used for discussing the findings

- Letters put out in the waiting room from April 2011 as well as our notice boards
- Questionnaires sent out from October 2011 to 27.1.2014 via e-mail and hard copies in our waiting rooms
- Asked PRG, face to face and virtual group via e-mail over a three year period for comments between October 2011 and January 2014
- We stopped the audit in the 3rd year on the 28.1.2014 and met with the PPG that same evening for feed back responses, we also discussed it at a partners meeting on the 30.1.2014
- 28.1.2014 placed the audit results in the waiting room and on the website – comments back to the practice can be given in in person, or placed in our comments box with on-line responses e-mailed back to us
- This remains a working document with the aim of increasing both Virtual, PRG and Face to Face meetings with the PRG working with the practice on behalf of the practice population

Amalgamated comments back from PRG's, staff and clinicians suggested that:

- Overall the survey indicates that the practice is providing a good service and that the majority of patients are happy with the service.

- We need to keep striving to do better
- It shows (81%) of patients endorsed the service we currently offer from good to excellent
- (27%) flagged up Saturday surgeries.
- Does our work load far exceed current staffing levels
- 26% declined to comment about the service we offered which is 15 down on last years surveys?

Feedback from on-line PRG was;

1. The results appear positive, we hope they are useful, as I have always had a good service from all staff and doctors
2. Thank you for the survey responses
3. Overall you seem to have happy and contented patients
4. No disagreement between practice and PPG
5. Feed Back from group was positive; the whole group enjoyed the PPG in-put within the flu clinics. The practice members appreciated the time and effort from the PPG

Suggested & Agreed Areas for Change

1. Continue to target a variety of people
2. Look at the questionnaires in more detail regarding the wording of the questions against the responses for the coming year
3. Aim to get all clinicians working within electronic on-line blood tests within 2014-5
4. Reduce our DNA's further within 2014-5
5. Improve staffing levels
6. Continue to work with the other 17 practices within our locality group to improve services for our local population

Changes that were agreed from our virtual and face to face responses

- Appointments system to continue
- Continue with the on-line pathology
- Additional salaried GP time introduced From February 2014 – Assess the impact and future staffing levels from April 14. Two New reception staff from December 2014 – Assess staffing levels again in April.
- Re-run both audit fro November 2014
- Place findings on our website again
- Show findings to the PPG – all agreed to develop further action plan for 2015
- Ask PRG to agree future questions

- Send findings to the PCT

Areas of Significant change that will impact on contractual arrangements

- A. None Known
- B. No disagreement between the practice and the PRG has taken place so far – this remains on-going project

Actions Agreed By whole PPG

1. Continue the appointments system
2. Discuss the audit results further at our next Partners Strategy Meeting on the 24th April 2014.
3. Whether we need to do a pilot study on the 27% Saturday morning surgeries during 2014-2015
4. Look at workload against staffing levels to improve waiting times
- 5 Meet and liaise with our PRG from April 2014 for the coming year – look at any new topics
- 6 Continue with the ICE Pathology and encourage electronic Referrals – encourage all staff and doctors to use this

Order of priority is: - Component 6(H)

- 1.
- 6.
- 2.
- 4.
- 5
- 3

Time Scale Component (H)

Order of priority is:-

- 1.
- 6.
- 2.
- 4.
- 5
- 3

Date By

From 1.4.2014

From 1.4.2014 check through
CCG audits

24th April 2014

From 24.4.2014 to 31.3.2015

By 30.4.2014

By 31.1.2015

Component i

Our Opening Hours Are:-

OPENING TIMES

The Practice is open for making appointments and general enquiries at the following times:

Dibden Purlieu

Monday – Friday

8.00am – 6.30pm (telephone from 8.00am)

Marchwood

Monday Thursday	8.30am – 6.00pm
Tuesday	8.30am – 6.00pm
Wednesday	8.30am – 5.30pm
Friday	8.30am – 5.00pm

Component J

Extended Hours

Thursday Evenings	6.30pm – 9.15pm Alternating between both Surgeries' every other week.
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Both surgeries close at lunchtime 1 – 2pm – If you require a Doctor urgently during that time please telephone 02380 877900

Dibden Purlieu	Morning	Afternoon
Monday	DRs Woollett, Arnold, Arter, Roach	DRs Woollett, Arnold & Arter, Roach
Tuesday	DRs Arter, Wilson & Shanmuganathan	DRs Arter, Wilson & Shanmuganathan
Wednesday	DRs Woollett, Roach & Arnold	DRs Woollett, Roach and Arnold
Thursday	DRs Wilson, Woollett, Arter	DRs Wilson, Woollett, Arter
Friday	DRs Woollett, Arter and Shanmuganathan	DRs Woollett & Arter & Shanmuganathan

Marchwood	Morning	Afternoon
Monday	DRs Joseph, Platt	DRs Joseph, Platt
Tuesday	DRs Joseph, Platt	DRs Joseph, Platt
Wednesday	DRs Hudson and Cooper	DRs Hudson & Cooper
Thursday	DRs Hudson and Joseph	DRs Hudson & Joseph
Friday	DRs Hudson, Platt & Cooper	DRs Hudson & Cooper

We have two GP Registrars split between the two sites that are supernumerary to the above rota

Annex A

ICE System Peer Review 15.8.2013

I can confirm that the practice discussed the ICE system with the clinicians at Forestside Medical Practice within the following meetings and with the PPG Members on the 15.8.13:

- a. 24th July 2013 - Training discussion on ICE and how to utilize the service
- b. 8th August 2013 - Confirmation that all clinicians should now be using the ICE System
- c. 15th August 2013 - Reviewing the ICE April to June Usage figures sent from Jane.

Within the above meetings it was agreed that:-

- The practice went live on the 18th December on a new computer system Emis Web
- At the same time we had the ICE System incorporated within Emis Web to move away from paper results. All clinicians had training at the end of January
- On the 7th February the practice had paper results switched off by the lab and all clinicians then had to get used to using the new system.
- Initially we only used ICE for looking up results, not for sending test requests. Less than a 1/3rd of all requests went electronically.
- From April to date all clinicians have started to use the system and request tests via the ICE system covering:-

April 50% May 48% June 51%

- It was felt in general that the practice had done quite well within the first 6 months of this year by achieving the above percentages; in particular whilst still in the learning phase and with all the changes in QOF LES/DES, CCG, CQC etc
- Regarding the locality were sitting towards the middle which pleased the group not be at the bottom however; there was still concern that this tool could be used to highlight over referring as a negative tool in the future once all practices are on board.
- With full partners agreement made utilization of the ICE system should show increase figures in the coming months
- Long term this should give more accurate data for Practice & CCG audits
- Hopefully it should reduce samples being declined from the lab.
- Having direct access to the hospital results saves clinical time, money on phone calls to the lab, frees up staff time and having up-to-date information at a touch of a button is great.
- All in all it was felt this was a positive project beneficial to all.
- All clinicians to continue using Ice for 2013-14

**December 2013
ICE Pathology Usage**

By December 2013 on-line test requests were starting to filter through showing on the whole a positive rise. The practice aim is to increase this to 100% for all clinicians by March 2015.

Current usage at December 2013:-

AC	100%
DP	93%
DR	77%
EA	43%
LJ	99%
MW	56%
NA	39%
SJH	6%
SAW	40%
SY	100%
AW	93%

Annex B

PATIENT AUDIT FOR THE MONTH OF JANUARY 2014 PATIENTS THAT (DNA) DID NOT ATTEND THEIR BOOKED APPOINTMENT

Dear Patients

Following a recent audit for the month of January 2014;
182 patients did not turn up for their booked appointment with their doctor or nurse and **what makes matters worse is they did not contact the surgery to cancel their appointment.** This meant that the surgery could not offer the appointments to another patient so potentially a further 182 patients were not able to access an appointment during January.

This equates too approximately:-

16 Hours and 10 minutes of GP wasted pre-bookable Appointment Time
1 Hours & 30 minutes of GP wasted Urgent on the day Appointment Time
1 hour 45 Minutes of Wasted GP diabetic Appointment Time

10 Hours and 50 Minutes of Nurse Wasted Pre-Bookable Appointment Time
30 Minutes of Nurse Wasted Urgent On the Day Appointment Time

Surgeries come under a great deal of bad press from the media and at times the general public about not being able to get an appointment however; this clearly shows a side that is completely out of the surgeries' hands.

Please help us to stop wasting valuable clinical time by informing us well in advance if you are unable to keep your appointment.