

# Garswood Surgery

## Local Patient Participation Report 2014/15

The surgery has an active patient group which meets twice a year in June and December. We consult with our patient group about the way we deliver our services and over the years the group has contributed significantly to the introduction of a number of positive changes for the practice.

The patient group is comprised of 21 regular patient members, the practice manager, practice nurse and at least one GP partner. Invitations to group meetings are extended to the wider general practice patient population, Heathwatch, the Patient Engagement & Involvement Manager, St Helens Clinical Commissioning Group (CCG), the CCG Patient Group and other interested parties.

### Forthcoming Partnership changes

Dr Helen Parr came to Garswood as a GP Trainee and on qualifying joined the practice as a salaried GP. She became a part time practice Partner in June 2012 and is a qualified GP Trainer.

Dr David Lawson also joined us as a GP Trainee and became a salaried GP in 2013. Dr White will be leaving the partnership on 31 March 2015 but will stay at the practice part time for 6 months as a part time salaried GP. From 1 April 2015 Dr David Lawson's salaried GP contract will be extended to full time and in due course he will join the practice as a full time partner.

In 2005 we achieved training practice status so that in addition to the regular GPs we usually have several qualified hospital doctors undertaking further training to become General Practitioners. Dr Lawson is currently undertaking the necessary training required for him to become a GP Trainer.

### Practice Profile

Established in May, 2004 with a zero list, this year we will celebrate our 11<sup>th</sup> anniversary. Our patient list continues to grow and during the last twelve months has increased by 3.6% and we now have 4,454 patients.

The practice serves Garswood and most parts of Billinge and Ashton-in-Makerfield and some parts of Haydock.

### Age / Sex 10 Year Band

<b>Parent Population:</b> All Currently Registered Patients		
<b>Last Run:</b> 07-May-2015 11:52 <b>Relative Date:</b> 01-Apr-2015		
<b>Patient Count</b>	<b>Males</b>	<b>Females</b>
4454	2217	2237

	Age ▶	0-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90-99	100+
Gender ▼												
Female		273	210	270	304	326	275	279	212	76	12	0
Male		315	252	264	293	315	264	266	201	44	3	0

We open weekdays 8am – 6:30pm on Mondays except for Mondays when we close at 1pm, re-open at 4pm and operate a late evening surgery.

Surgeries operate 9am – noon and 3pm – 6pm weekdays (4pm – 7:45 pm on Mondays).

We routinely offer 15 minute appointments with the GPs.

We offered a range of appointments including telephone consultations, book ahead, on the day emergencies, on-line patient access appointments. Between 1 April 2014 and 31 March 2015 we offered 18,355 GP and 7,486 nurse appointments - 25,841 in total. The Government's recommended minimum number of appointments is 70 per 1000 patients per week. We continue to offer c. 1.6 times the recommended number of appointments per 1000 patients.

## **Patient Representation**

Our practice population and therefore our PPG representation is predominantly white British. We do have a small ethnic mixture and the PPG Chairman himself is from an ethnic minority group.

Our patient group is well established, having started life as the Garswood 'Save our Surgery' group in 2002.

For many years we have actively advertised through our website, patient information leaflets, waiting room posters, etc, for patients to join the group and we have a strong representation. The members of the PPG are mainly in the age range of 50-75 years with a 70/30 female to male ratio. Young people and young parents continue to be under represented and so far our efforts to address this have been unsuccessful.

We are also members of the National Association for Patient Participation (N.A.P.P). N.A.P.P. regularly publish e-bulletins and newsletters which can be accessed via their website [www.napp.org.uk](http://www.napp.org.uk).

In addition to our regular patient group members, we always maintain that everyone is welcome at our meetings and that patients don't have to be established members to attend. We meet twice yearly, usually in June and December. The dates of our meetings are posted on our website [www.garswoodsurgery.co.uk](http://www.garswoodsurgery.co.uk) and in the waiting area.

We have always stressed that our Patient Group meetings are not a doctors' fan club or a forum for individuals to raise personal issues. The comments, concerns and complaints procedure should be used in such instances. The minutes of our patient group meetings can be accessed on our website, however, it should be noted that the minutes of the last meeting are not published until they have been ratified by the group.

Some of the more recent changes our patient group has been involved in are:

Through the clinical system we are able to confirm patient appointment times via text messages to mobile phones. Through the NHS net system we can also send text messages to land lines, this is particularly useful to contact patients who don't have mobile phones.

Patient Access offers the facility for patients to register to access the clinical system online and book appointments with the GPs or the HCA for blood tests. Patients can also access a summary of their medical record and allergies and it also allows patients to view their actual repeat medicines via online access to our clinical system. This

eliminates any requirement for a patient to type in drug names or dosages providing a safe and quick alternative to phoning the pharmacy or dropping off a prescription request at the practice.

The computer screen, keyboard and mouse which offer patients internet access to our patient survey, on-line booking of appointments, NHS Choices, the practice website, and on-line ordering of repeat prescriptions is proving a popular free of charge facility available to all patients. As expected, many patients who do not have computer access at home use this facility to access the internet for health advice and information, book online appointments and order repeat medicines without the need to queue for a receptionist.

The rope and post queue system in the waiting area has helped with some of the waiting room confidentiality issues that patients have reported. It was also reported that patients at the window could read paperwork on the desk. To help combat this we have placed a plastic frosted film on the lower half of the window to help restrict the view in an effort to minimise the risk of an inadvertent breach of patient confidentiality.

### **The Friends and Family Test**

We offered the opportunity for patients to access our in-house patient survey all year round however, with the introduction of the Friends and Family Test (F&FT) this has now been superseded.

The F&FT is a feedback tool that supports the fundamental principle that people who use NHS Services should have the opportunity to provide feedback on their experience that can be used to improve services. It is intended to be a continuous feedback loop between the practice and our patients.

On its own the F&FT does not provide results that can be used to directly compare practices. There are other robust mechanisms in place for that, such as the national GP Patient Survey and outcomes measures, but it can inform current and prospective patients about the experiences of those who use the practice's services and help mark progress over time.

We have considered the main issues that patients raised in our previous in-house survey and have incorporated these into the F&FT as a mini-survey. The additional questions are:

- Were you involved enough in decisions made about your care and treatment?
- Was the surgery clean?
- Were the receptionists helpful?
- It is easy to get an appointment (either by phone, on-line or at the surgery) ?

We are required to publish the results of our F&FT on our website but in addition we will present the results of the F&FT and the additional survey questions – including the comments patients have made to the patient group at the next meeting in June 2015 for their consideration and feedback.

The survey is available on our website for completion online 24/7. Paper copies and a dedicated posting box are also available at reception. Completed paper survey results and comments are manually added to the online survey by the staff before the survey results are downloaded and collated.

The survey feedback is important to us and helps us to identify areas where patients may be experiencing problems. It also allows us to measure the magnitude of issues raised so that the

patient group can consider issues in an informed manner and request us to consider changes to our internal systems to address these where this is possible.

Copies of our patient survey results and the comments received can be accessed through our website.

## **Signposting**

In order to make the most of appointment availability it is necessary to signpost patients to the most appropriate service. The reception staff act within strict protocols developed by the doctors. The staff do not triage patients but signposting is necessary in order to prevent GP appointments being filled inappropriately.

Patients may be referred to the Care at the Chemist (CAC) Scheme where certain prescription only medicines can be prescribed by the chemist following a consultation with the pharmacist.

The St Helens Minor Injury Unit (MIU) has the facilities to deal with problems that are not normally dealt with in general practice. IT also has x-ray facilities and we direct patients to the MIU if their presenting problem indicates that this would be the most appropriate service, eg,

- Muscle or Joint Injuries, such as sprains and strains
- Minor cuts or wounds
- Possible Simple Fractures – including X-rays where required

The St Helens Walk in Centre deals with a variety of non-urgent acutely presenting problems. On occasion, where we have limited appointment availability and the patient's presenting symptoms indicate that the WIC could provide an alternative and appropriate point of access to medical services, we may advise patients who are demanding to be seen quickly to go to the walk in centre, eg;

- Rashes and Allergic Reactions
- Bites and Stings
- Minor Burns and Scalds
- Coughs and Colds
- Stomach ache, indigestion, constipation, vomiting and diarrhoea
- Earache
- Eye Injuries and Infections
- Emergency Contraception
- Sore Throats

## **Recent Issues**

Some of the issues considered by the PPG during the last year are as follows:

### **Frequent Attenders of A&E**

There is concern about the numbers of inappropriate attendances at A&E and the group wished to understand the reasons why patients attend A&E instead of seeing their GP and consider how this can be addressed.

This issue is a hot topic for the NHS and St Helens CCG have asked practices to look at the most frequent attenders of A&E and to reviewed these patients to:

- Optimise chronic diseases and where necessary provide patients with a tailored care plan
- Consider any alcohol, drug use problems, etc., and refer if appropriate
- Consider any mental health issues and refer if appropriate
- Where attendances have been deemed inappropriate, to speak to these patients and advise about alternative services and issue a standard St Helens CCG Patient Information letter to patients whose attendance was considered inappropriate

### **Wasted GP Appointments**

The PPG group are keen to ensure that there is a reduction in the number of wasted doctor's appointments because patients have simply failed to cancel. When some patients claim to be attending A&E because they are unable to get an appointment with their GP it was considered unacceptable that almost the equivalent of a week's worth of a doctor's consultations were being wasted every month because of no-shows. The group support the practice initiatives in:

- Texting out a confirmation of appointment to patients with mobile phones.
- Placing notices in the waiting area regarding the number of appointment where patients did not attend every month (DNAs)
- As there was evidence that a small number of patients were booking several appointments on line – just in case they needed them but then subsequently failing to attend or cancel, the PPG believe this to be an abuse of the service and their online access to appointment booking should be revoked.
- advising regular offenders that if they persisted in wasting appointments they would be asked to find another GP

Continue to 'tweak' the appointments system to try to ensure that it provides optimal access to the varying demand for different appointment mixes and times.

This is on-going. Crisis points with the appointment's system are usually when an established GP trainee or F2 doctor leaves the practice and a new trainee or F2 doctor joins. For several weeks after joining doctors who are new to the practice need to undertake induction training and familiarise themselves with the clinical system and the way the practice consults and maintains patient records, issues medication, etc. Unfortunately the switch over dates are fixed by the Mersey Deanery so we have trainees leaving and new ones joining in the beginning of August which coincides with the partners taking annual leave. This happens again at the beginning of December and the beginning of April which clashes with Christmas and Easter, again, times when the partners wish to take annual leave. At these times we are able to offer fewer appointments but we 'tweak' the appointment's system to make the best of the appointments that are available, ensuring that patients see the doctor in accordance with their medical needs.

### **Clinical Commissioning**

The Chairman of our PPG is very interested in the activities of the Clinical Commissioning Group and is actively engaging with the CCG's own patient representation. He involves our patient group by keeping them updated on the activities of the CCG and ensures that Garswood's wider patient voice is heard when the CCG are shaping their services. As he was not in attendance there was no CCG update. SG advised that the practice was participating in the CCG's quality contract part of which was designed to address the issue of frequent A&E attenders which was one of the PPG's concerns.

### **Call recording**

We continue to embrace new technological solutions to alleviate pressures and optimise our service delivery. Most recently this has been the introduction of telephone call recording. The patient group were keen to have call recording implemented. They believe it will help us to improve our call handling techniques, help with disputes, assist with training new staff and help us to manage verbally abusive patients. The call recording system was implemented and after testing went live in March.

### **Website Refresh**

The PPG asked us to refresh the practice website to make navigation of the site easier. The site was redesigned as requested.

### **Dementia Friends**

The Alzheimer's Society's Dementia Friends programme is the biggest ever initiative to change people's perceptions of dementia. It aims to transform the way the nation thinks, talks and acts about the condition. A member of the patient group is training to be a Dementia Friends Champion.

Dementia Friends Champions are volunteers who talk to people about being a Dementia Friend. Champions attend a training course, receive on-going support and are part of a network of people creating dementia friendly communities together. Work around Dementia is another important current NHS topic. Much work is happening in this area to identify patients with memory concerns as early intervention can help. Dementia Friends offers information for people with dementia and their families and friends. It aims to raise awareness of dementia, as well as help people create networks and better understand the impact of the condition.

If you are interested in becoming a Dementia Friend please tell us and we will pass on your details to our Dementia Friends Champion.