

Norwood Medical Centre

Patient Participation Group

Action Plan & Progress Report 2014/15

This year

- We have increased the number of appointments available to be booked with the GPs and the Emergency Care Practitioner the same day or the next day. This was achieved by changing the structure of the appointment system from January 2014. This was reviewed in April 2014 to ensure the new system is achieving better access for patients.
- We have changed the way we undertake home visits. Rather than all the GPs doing home visits at lunchtime a GP is responsible for the majority of the visits each day, working from 8.30am. This has made the system more efficient and offers better clinical care by ensuring the more urgent visits are done earlier in the day.
- We have continued to develop our nursing service. From March 2014 the overall number of nursing hours increased and the services offered have been extended.
- We have reviewed the way we organise our Chronic Disease Clinics from April 2014 to make sure they as efficient and

convenient for the patient as possible, minimising the number of times a patient needs to attend the surgery.

- We have ensured on-going training for reception staff on customer service and 'front of house' skills
- We continue to hold at least 2 meetings of the Patient Participation Group per annum to discuss relevant issues and problems
- We have published the results of surveys, action plans and minutes of meetings both on the website and in the waiting room
- We have continued the patient advocacy service provided by Lorraine Skillicorn our Patient Liaison Adviser.

Going Forward

As agreed at the last meeting of the group in October 2014 we are continuing to work on the following priority areas:

- We will regularly review the appointment system and availability to ensure we are maximising the number of appointments available and using them in the most efficient way. We will audit the GP routine appointments over a period of a week to see what percentage were deemed by the GP to be useful and appropriate and what percentage

could have been better provided in a different way eg a telephone call.

- The second priority area agreed was to identify an area in the waiting room to publicise locality events with the aim of better connecting the practice with the events in the wider health economy. This has been started and we are attempting to ensure the practice population has information regarding any events.
- The third area identified was data quality. We have appointed Dr Sarah Arun as data quality lead and Lorraine is the admin lead for this piece of work. They have received extended training on data quality issues and a session was also provided for all clinical staff looking at data entry in patient records. Patients are now also able to access elements of their records online. We will carry out an audit this year on a number of records to ensure consistent and accurate data entry.