



General Practice Access Plan 2016/17

Name of Practice:	Rooley Lane Medical Centre
Practice ODS Code:	B83042
Name of lead person responsible for developing the access plan:	David Whitfield/Dr Jess Drinkwater

The practice will input the practice data as detailed on pages 2/3 (*NHS GP Survey and Friends and Family Test FFT*). These key questions have been selected as being the most relevant to patient satisfaction in relation to GP access.

Please refer to page 5 for the CCG requirements in terms of timescales for submission and N.B. that it is acceptable that some of the actions contained within the plan may be longer term. As a result of this practices will be requested to send in an updated plan at the end of Q4 to highlight any in year achievements and then re-submit a refreshed plan during Q1 2017/18.

Anticipated Outcome Measures:

- Evidence of engagement and collaborative working with Patient Participation Groups (PPGs)
- Specific outcomes/outputs relevant to individual practice projects/initiatives
- Practice monitoring of national GP survey in key questions relevant to access striving to make improvement and/or maintenance within these areas of the national GP survey
- Encourage moving towards an increased response rates for FFT and increase in the % of people recommending the

Practice Executive Summary

(The practice may wish to add an executive summary to identify any specific challenges/issues relating to access)

Rooley Lane Medical Centre has approximately 7000 patients. We have 2 full time GPs, 2 part time GPs (one on maternity leave), and a full time ANP. We have been struggling to recruit enough doctors for 2 years. We have run an on the day appointment service for the last 15 months, due to patient demand, workforce pressures, and to reduce our DNA rates. This has been relatively successful. Our GPPS results were good, but our response rate and friends and family rate could be improved.

Our main problems are patients getting through on the phones (this is reflected in our GPPS results) and providing continuity of care due to a high number of locums (also potentially reflected in the poor GP satisfaction rates). We have recently updated our telephone system to improve patients' experience of getting through on the phones, but there are still not enough telephone lines first thing in the morning – we would like to look at other ways of improving patients' experience of getting through on the phones. To attempt to improve continuity of care we have appointed our current GP registrar who will start working for us as a qualified GP in August – this will add a third full time GP. We have also been part of a trial of a pharmacist. This has been successful, reducing GP workload and increasing the time GPs can spend with patients. We would like to continue this.

Rooley Lane Medical Centre has had an active online PPG for the last couple of years. Since September, with the agreement of the online group, we agreed to set up a face to face group. We have had 3 meetings of this group since Feb. We currently have between 2 and 4 members of the PPG. Developing the face to face PPG and increasing our numbers is a key priority.

Summary of progress – March 2017

What we are proud of: Our main priority over the last year has been to establish a solid face to face PPG to work with the practice to co-producing further improvements in patient experience at the practice. We started last year with only 2 patient members, we now have 9 members.

What worked well: Our main successes this year have been to establish a working relationship with each other and recruiting new members through and Practice Health Champions. The working relationship has involved setting priorities and completing the access plan together, completing an audit of telephone access led by the patient PPG members, understanding practice systems including the need for DBS checks, and working together to establish Practice Health Champions. The PPG have also supported the practice in our plan to employ a practice pharmacist which has helped with the GP workload.

What worked less well: We have not achieved some of our goals including the PPG members supporting patients to use our self-care room, encourage online access through an iPad in the practice, and increase our FFT uptake. All of these activities were hampered by the length of time it has taken to get our PPG members DBS checks completed. We now have all of this in place and are planning our activities for next



*Bradford City Clinical Commissioning Group
Bradford Districts Clinical Commissioning Group*

year.

What we have learned: Working together takes longer than we all expected. We have learned that we need to set more achievable goals with deadlines – otherwise some activities/tasks just drag on, this is frustrating to both the practice and patients. Getting the whole practice involved with a meeting with the Practice Health Champions helped to demonstrate to the patient members that the whole practice are serious about involving them. We think it will be important to do more of this work in the future.



NHS GP Survey				
Questions	National Average (Jan 2016)	Practice Current score (Jan 2016)	Practice Score (Jul 2016)	Practice Score (Jan 2017)
Survey response rate	36%	29.7%	36%	
Overall experience of GP surgery	85%	87.7%	90%	
Overall experience of making an appointment	73%	71.7%	78%	
Ease of getting through to someone on the phone	70%	69.0%	71%	
Able to get an appointment to speak to someone	85%	88.9%	89%	
Convenience of appointment	92%	86%	92%	
Satisfaction with opening hours	75%	76.4%	84%	
Helpfulness of receptionist	87%	89.4%	91%	
Recommended GP surgery to someone who has just moved to the local area	78%	75.8%	76%	

FFT data will be populated on a monthly basis																										
RR = Response Rate																										
%R = % of patients stating that they would recommend the practice																										
%NR = % of patients stating that they would not recommend the practice																										
Jun 2016 <i>Apr 2016 data</i>			Jul 2016 <i>May 2016 data</i>			Aug 2016 <i>Jun 2016 data</i>			Sept 2016 <i>Jul 2016 data</i>			Oct 2016 <i>Aug 2016 data</i>			Nov 2016 <i>Sep 2016 data</i>			Dec 2016 <i>Oct 2016 data</i>			Jan 2017 <i>Nov 2016 data</i>			Feb 2017 <i>Dec 2016 data</i>		
RR	% R	% NR	RR	% R	% NR	RR	% R	% NR	RR	% R	% NR	RR	% R	% NR	RR	% R	% NR	RR	% R	% NR	RR	% R	% NR	RR	% R	% NR
6	100	0	7	100	0	6	83	0	6	100	0	6	100	0	6	100	0	7	100	0	6	100	0	7	100	0

Area/s of focus for change	What needs to be done (key tasks/actions to be delivered)	Anticipated outcomes, outputs & benefits to patients	Timescales (date to be completed by)	Person responsible	Progress update/s other comments
<p>Increase our GP survey percentages</p>	<p>Work with the patients on increasing awareness of when to ring for appointments.</p> <p>Staff to say ring from 8am, not to ring at 8am. And tell to try at maybe 8:15, or 8:20am.</p> <p>Find out what Bevan house provide to their non-English speaking patients in the patient packs and if they (or our local translation service) could translate some simple how to documents for us.</p>	<p>Patients have a better experience on the phones.</p> <p>Reduction of phone queue length for the patients</p> <p>Hopefully more engagement from non-English speaking patients.</p>	<p>PPG to run secret shopper audit to assess phone lines. Oct 2016</p> <p>Contact Bevan House and find out price of translating patient</p>	<p>PPG (patient members) to lead on raising patient awareness.</p> <p>Practice manager</p>	<p>Audit completed. This showed there are still significant problems getting through on the phones in the mornings. It also showed that all the reception staff are polite and welcoming. Patients were able to get appointments they want when they can get through. We will look at what we can do (if anything) about the telephone lines in the next access plan.</p> <p>This didn't work out. We struggled to get information from other practices. Private companies were too</p>

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	Have an additional method of booking an appointment through a standalone system in reception; iPad?	Reduce the front desk queue length and provide an alternative way of booking appointments or requesting medication.	information packs by September Find out options and cost – September 2016 (once implemented use will be audited)	Practice manager (audit PPG members)	expensive. We will look in more detail at our demographics and draw on the skills of our new PPG recruits next year We installed the hardware in March 2017. We will be discussing how to encourage and evaluate its use in the next access plan
Increase Friends and Family test questionnaires response rate and percentage of people recommending the	The practice will advertise it more. Members of the PPG group are keen to come in and sit with the patients and get responses from patients in the waiting room. At the same time they will recruit more members for the PPG. We will also put a U-tube video on the TV screen in the waiting room about the friends and	Increase response rate of the friends and family test each month. Increase PPG membership	Ongoing until February 2017 Response rates will be reported and reviewed at each PPG meeting	PPG members to lead on encouraging patients Practice manager to collate results	This has been delayed due to problems getting DBS checks. DBS checks have taken much longer than anticipated. Our original members now all have DBS checks and

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practice	family test to encourage uptake.				our new PHCs are in the process of getting them. We hope to roll this work forward to next year
Self-care room	<p>After some training, PPG members have agreed to show patients how to use the BP machine and advise them on the local community schemes and services offered regarding self-care.</p> <p>Utilise this room for patients in flu clinics with PPG members</p>	<p>Patients able to take their own blood pressure and check their own weight. This printout of blood pressure can be given to reception to update their record. Also there will be lots of signposting to other local self-care community schemes which patients may find useful. It will also allow PPG members to assist staff in capturing blood pressures at the flu clinic.</p>	<p>To review at PPG meeting in September 2016</p> <p>PPG members will help with flu clinic BPs Sep/Oct 2016</p> <p>Survey of patients use of self-care room November 2016</p>	<p>Training to be arranged by practice manager and reception staff</p> <p>PPG members to lead on volunteering in self-care room and patient survey</p>	<p>This has been delayed due to problems getting DBS checks as above. We hope to roll this work forward to next year</p>

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Practice Pharmacist	Use available funding to employ the pharmacist to do prescription queries, med reviews and see patients to save the GPs time.	<p>This will release up free time for the GPs, so they can focus on doing other patient related work.</p> <p>Aim for increase in GP rating of GPPS as they will have more time to focus on other aspects of care</p>	Ongoing until 31 st March 2017	Practice manager	Practice pharmacist has been a great help to the doctors at the surgery. We have discussed this at PPG meetings including the value it has added to reducing the doctors workload and focus on other clinical issues. The PPG members are very happy to continue to support the pharmacist and they may get involved in thinking about other activities the pharmacist can be involved with.
Reduce DNAs	A DNA audit showed the biggest percentage of missed appointments were nurse appointments. PPG members will draft patient letters which we will send out to try and reduce these numbers over	Reduction in missed nurse appointments to increase the number of utilised appointments	Meeting with PPG in September to agree wording of letter.	PPG members to lead on drafting the wording of the letter. Practice	Re-audit will take place at the end of March and be presented to the PPG in May

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	<p>the next year.</p> <p>Re-audit to assess whether this has improved nurse appointment DNA rates</p>		Re-audit in March 2017	manager to upload the letter	
Practice Health Champions	<p>The practice have been chosen to work with Altogether Better to establish Practice Health Champions (PHC). There is a process for recruiting and training PHC and also evaluating their work</p>	<p>Established PHCs in the practice</p> <p>Increase community focus of the practice.</p> <p>Peer support groups to encourage self-care.</p> <p>Increase PPG membership</p>	<p>PHCs will be recruited and trained in Winter 2017.</p> <p>Work will continue throughout the year</p>	<p>Altogether better, PPG, PHCs, all practice staff</p>	<p>We have 7 new PHCs who are all very enthusiastic and have also joined our PPG, tripling our membership. They have started to have their own meetings about community focused activities.</p>
Social Prescribing	<p>The practice is already running a social prescribing pilot with Tong wellbeing centre – this includes an evaluation. We also have a Health Trainer, Benefits advisor, Alcohol worker, and are part of an opioid reduction scheme</p> <p>There is potential to increase awareness of these services amongst our patients which could be led by the PPG.</p>	<p>Increased patient awareness of alternative services</p>	<p>One service to attend each PPG meeting and have a dedicated space to discuss what they do and how the PPG can support them and raise</p>	<p>Practice manager to invite them and coordinate with PPG meetings</p>	<p>We were unable to co-ordinate getting people to attend the PPG meeting. We continue to have an alcohol worker, opioid drug worker, and benefits help.</p>



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	We will invite representatives of these services to PPG meetings to discuss how we can support them		awareness		

Signature of lead person completing the access plan:	David Whitfield and Dr Jess Drinkwater
Signature of Patient Participation Group (PPG) <i>Chair/Representative:</i> <i>(please delete as appropriate)</i>	

Timescales for submission and implementation of access plans

Quarter 1 (April to June 2016)

- Review of NHS GP survey (published January 2016) and FFT data (published monthly)
- Development of action plan in partnership with PPG members
- Sign off by PPG chair or representatives (must be a patient representative not practice staff member)
- Submit completed action plans to CCG Primary Care Team by the 24th of June 2016

Quarter 2 (July to September 2016)

- CCG panel meetings to review action plans during July 2016
- Feedback to practices before the end of August 2016
- Review of NHS GP survey (published July 2016) and FFT data (published monthly)
- Delivery of actions and review of action plan progress/achievements/challenges with PPG

Quarter 3 (October to December 2016)

- Review FFT data (published monthly)
- Delivery of actions and review of access plan to identify progress/achievements/challenges and update this in collaboration with your PPG

Quarter 4 (January to March 2017)

- Review of NHS GP survey (published January 2017) and FFT data (published monthly)
- Final review of access plans and progress to date with PPG
- Submit an updated version of action plan with evidence of completed actions and any supporting information to the CCG Primary Care Team by the 31st March 2017.