



Patient Participation Group DES Annual Report 2012/2013

INTRODUCTION

The practice is in the borough of Surrey Heath and currently has approximately 10,700 patients, in a semi-rural area. We are located in our own premises which have undergone modernisation in preparation for the Care Quality Commission (CQC) to give our patients a truly stylish building that they deserve for the 21st century. The practice population has continued to increase over the last 5 years (no doubt a reflection of the care given by the practice and a stunning new building for all to enjoy). The practice was formally opened by the HRH The Countess of Wessex on 17th July 2012. She was greeted by our Patient Participation Group (PPG), a proud day for us all.

In April 2011, steps were taken to create a PPG for the surgery. The question of forming one had been raised in the past, and this seemed the right time to go ahead with this exciting new avenue, something the whole practice has continued to embrace.

PPGs are important in modern day practice as this allows patients to be involved with making decisions about the range and quality of services provided over time by their practice. Hopefully this will lead to a positive change to services and improve patient experience. It should also allow us a valuable insight into their various needs.

This document reports on the second year of this initiative. The PCT can monitor the arrangements put in place by the PPG from the information contained in this report.

To ensure we fulfil the DES requirement, this document will be split up into the “6 steps” defined by the DES.

STEP 1- Developing the PPG

Below is an overview of our practice population.

AGES	<16	17-24	25-34	35-44	45-54	55-64	65-74	75-84	>85
Male	10%	4%	5%	7%	9%	6%	5%	3%	1%
Female	10%	4%	5%	7%	9%	6%	5%	3%	1%
TOTAL	20%	8%	10%	14%	18%	12%	10%	6%	2%

The ethnicity profile of the practice is detailed below.

White British	Irish	White	Mixed	African	Other Black	Chinese	Other Ethnic	British Pakist	British Indian	British Bang	Other Asian	Not Stated
85%	0.5%	4%	0.5%	<0.01%	<0.01%	0.4%	0.2%	0.2%	0.7%	<0.01%	0.5%	8%

The practice is within a predominately Caucasian, middle class area with low social deprivation. As you can see there is a predominately young population, with low unemployment; consequently again this year we have found it difficult to recruit people to partake in the PPG from a varied background.

Our PPG originally had 6 members, but unfortunately 3 of them could no longer continue in their roles. This, coupled with the new increase in space at the practice, we thought it would be useful to increase the number of members.

In order to recruit to the PPG, we placed adverts on our new electronic noticeboard. We specifically appealed to the younger generation, to come forward and generally to the whole community. Requests were also made on our website, where patients could also see the PPG report and Annual Questionnaire results from 2012. Our receptionists handed out leaflets to patients who presented at reception and attached them to repeat prescriptions. One of our existing members put an advert in one of the village magazines “Roundabout”, urging patients to join. Notices

were also again put in the practice newsletter. During consultations if the opportunity arose, we asked patients if they would be keen to take part.

We needed younger patients so targeted new parents at the Baby Immunisation clinics. We also tried to approach patients who were over 16 and their parents, to give a more balanced picture. As one can imagine, there was a lack of interest in this generation; their parents citing how they would not have enough time during the day with school and studies. We also looked to see if it would be better to hold the meetings in the evenings, but most people preferred to spend this time with their families after a hard day at work. The reality is many PPGs across the country have struggled to recruit patients who are bringing up families, as there is a lack of availability, but our newest recruit is a busy mum! We may in the future try and develop an online/ virtual group which could bring in some young blood.

So currently our group is made up of 9 patients:

- Male- British, age 55-64; member of Lightwater Assoc.
- Male- British, age 65-74; retired
- Male- Asian, age 55-64; local councillor
- Male- British, age 75-84; retired
- Female- British, age 55-64; disabled
- Female- Asian, age 65-74; retired
- Female- S/African, age 65-74; retired
- Female- British, age 65-74; carer
- Female- British, age 35-44; housewife

48% of our practice population are above the age of 45, ideally we would like to have younger patients as well, to give a fairer reflection of our population, but due to the previous mentioned issues this has not been attainable. We will endeavour to keep on trying. Some members of the

PPG have helped in the organisation and running of the “winter flu clinics”, and were invaluable in their support.

STEP 2- Agreeing areas of priority

In 2011, when the PPG was first set up, it quickly became apparent from previous suggestions from patients/significant events that there were 3 main areas of priority which the PPG wanted to look at in further detail.

These were:

- 1) Access to appointments**
- 2) Maintaining continuity of care- seeing a GP of their choice**
- 3) Telephone access- experience of the call queuing system**

As a result of last year’s Annual Questionnaire and PPG report, the practice has made several changes which have been welcomed by the PPG and patients alike. This is in response to the “action points” devised last year.

- 1) We have installed a “self-check-in” screen in reception. This has eased the workload for the Receptionists, so they can concentrate on answering the phone and booking appointments quickly. We have advertised the roles of other healthcare professionals on our electronic noticeboard in the waiting room and on our website/ newsletter. This has informed patients about avoiding seeing the doctor for certain types of consultation, and to see nursing staff instead (e.g. blood pressure testing). We also have a practice blog where patients can get up to date practice information and news. We have also advertised our Evening Surgeries in the same manner, which has helped to increase access. We have also advertised the facility of being to pre-book appointments online. We have seen an uptake of telephone consultations for quick queries with the doctors, which would not necessarily require a face to face appointment. These appointments have been advertised on our electronic noticeboard. To increase access, appointments with the GP will now be available 4 weeks in advance. The majority of morning

appointments are book on the day, with more pre-bookable appointments being available in the afternoon. As a result of last year's PPG report, one doctor's appointment schedule was changed so that there would be more appointments available for the rest of the week mid-morning from Monday am. This was done to help create a better balance of appointments type, and keeping a fair share of urgent book on day appointments. This change has been well received by patients. It has now been going for nearly 12 months. It is likely that more doctors will change to this system.

- 2) The above measures helped to increase continuity of care within the practice. In the early part of 2012, one the doctors took maternity leave for 9 months. Although the practice generally avoids using locum doctors, in this circumstance it was unavoidable. We were very fortunate to have an excellent locum, who was with the practice for 9 months and made a great impression on the patients and staff.
- 3) Last year we looked at the ability of patients to get through on the phone. We wanted to clarify if patients preferred to hear and engaged tone or continue using the call queuing service already provided. The PPG decided that it would be important to ask this question directly this year. The PPG appreciated how there was a lot of misinformation in the community about 0844 numbers being called a "premium number". It is not; one of our member's looked in great detail about the charges, and produced a price list. One member also produced their telephone bill (they had been charged just over 6 pence for their call). The whole PPG realises in the years since the current phone information came into existence, more and more people are using other telecommunication networks/mobiles, rather than British Telecom. Other networks can have higher charges; but there is more exciting information on this later on in the report.

The PPG decided they would want to again look at the previous priorities from year 1, as there were no other burning issues that needed further input. They wanted to see if the changes that had been made as a

result of last year's recommendations had an effect, and to obtain feedback. They also wanted a definitive answer on the telephone platform/queue system.

The PPG also felt an important new priority in addition to the previous three would be fundraising. In particular, the practice has access to one 24hr blood pressure monitor, which can be used to help diagnose hypertension and gives a more accurate reflection of patient's blood pressure outside the medical environment. In recent months the waiting list for this monitor was several weeks.

Very kindly the PPG have approached the community, and have spread the word about raising funds. The local Women's Institute have been involved as well as the Lightwater Business Association who have made a donation. Currently, the PPG are waiting to hear from the Council to see if a donation/grant could be made.

A new priority for the PPG in addition to the previous 3, therefore will be:

4) Raising funds for another 24hr blood pressure monitor.

Obviously, this priority cannot be reflected in the Annual Patient Questionnaire.

In future, we will continue to monitor public opinion via the PPG and any issues which arise will be reflected in future Annual Patient Questionnaires, to gauge public opinion accurately.

STEP 3- Collation of Patient Views by Survey

We decided to obtain the views of our patients with regards to the priority areas and other issues by using a well-established Improving Practice Questionnaire (IPQ), with some augmentation tailored to our needs. This has been widely used in the UK. The original survey has been used in over 4000 practices in the UK, and is a reliable and sensitive tool to measure patient satisfaction.

Patients were asked if they would be happy to participate in the local survey. We decided we should aim for a total of 250 questionnaires to be completed (50 per GP). We targeted various groups of patients at

different times of the day, for example, baby clinic, chronic disease clinic, and routine appointments with GP or nurse.

The survey was conducted between 26/11/12 and 28/01/13, and we had achieved our aim of 250 responses. The process continued over several extra weeks this year as many questionnaires were not returned to reception.

After the survey result, there will be some notes on the information gleaned/action points and recommendations by the PPG. Some of the questions were not answered or were missed by some patients.

All of the results were collated by hand, by the PPG and transferred to graphical data. The results can be seen overleaf.

Annual Patient Questionnaire & Results 2013

We would be grateful if you could complete this questionnaire for us. If you are unable to complete the form and have a carer, they may complete the form for you, giving your views as answers. We are always interested in feedback both positive and negative. This helps us to develop and improve our services.

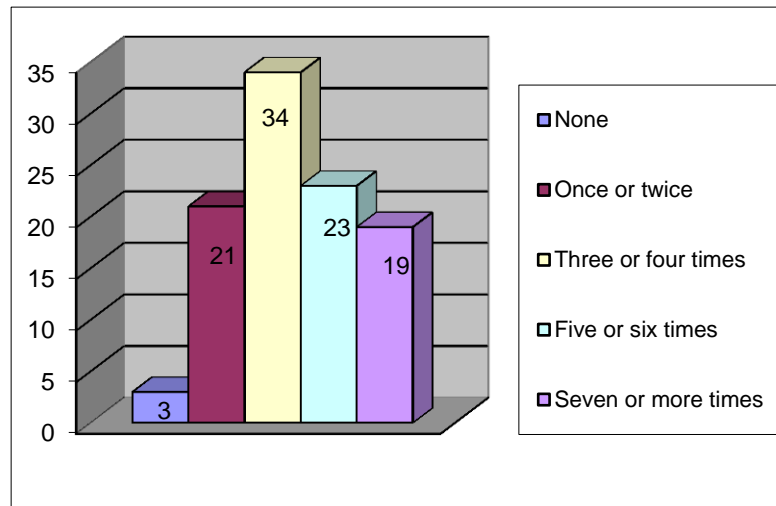
If you have any concerns not mentioned in the questionnaire please use the space on the last page.

The questionnaire is anonymous and no member of staff will be able to identify you.

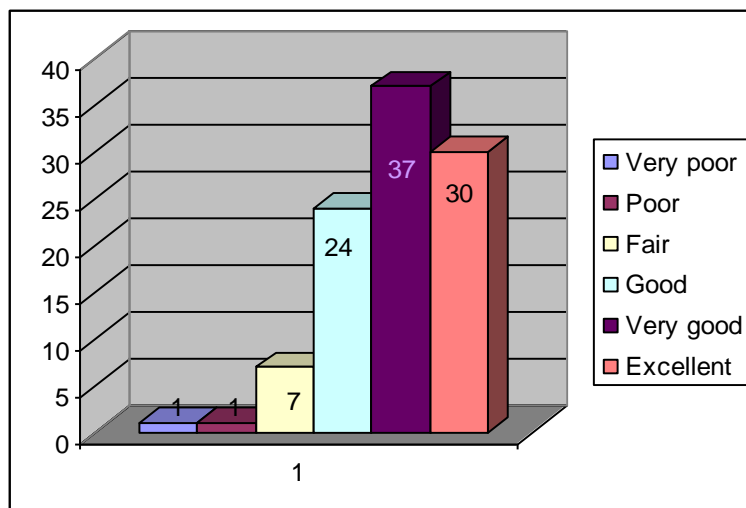
250 patients completed the survey– answers as percentages

Annual Patient Questionnaire

1 In the past 12 months, **how many times** have you seen a doctor / nurse from your practice?

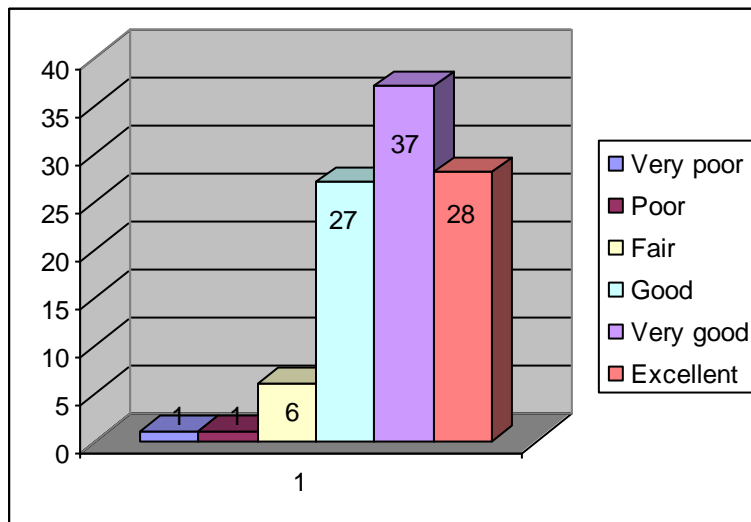


2 How do you rate the way you are treated by **receptionists** at your practice?

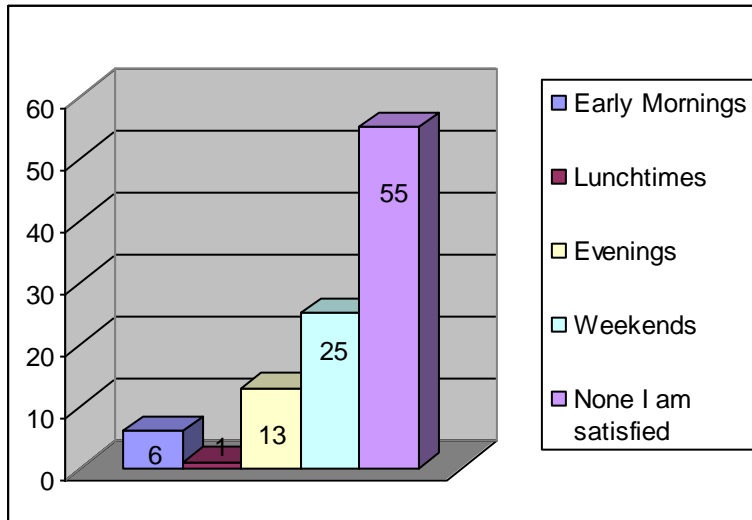


3 This practice offers GP appointments from 8.30am until 5pm every weekday and until 8.35pm on Monday and until 8pm on Thursday evenings

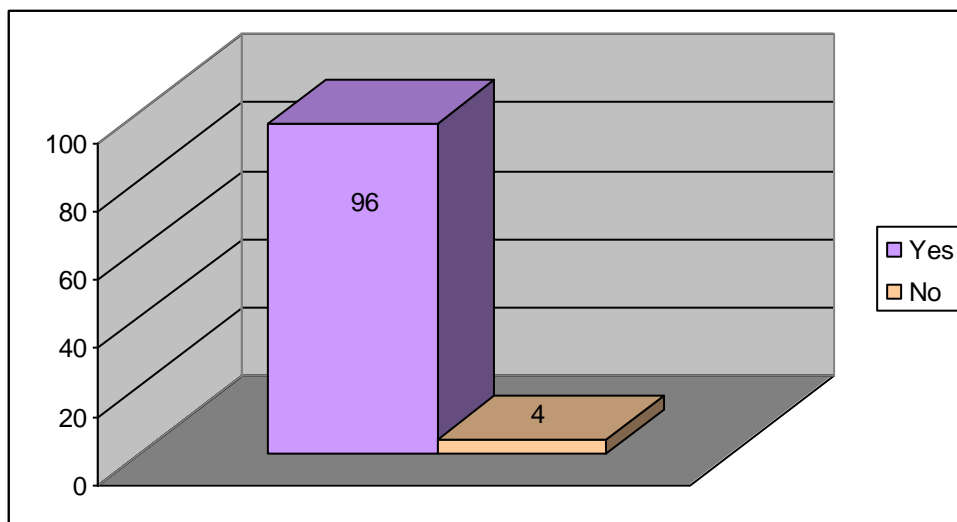
a) How do you rate these opening hours?



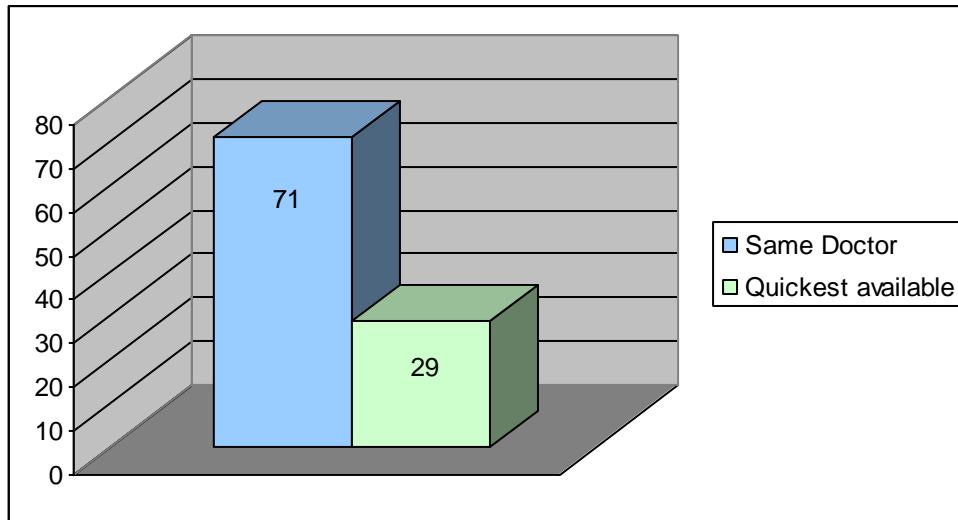
b) Are there any **additional** hours you would like the practice to be open?



4 We value continuity of care and believe this provides a better patient experience. We do not employ short term locums or temporary doctors or nurses that you might not know. (Although as a training practice, we may offer appointments with a temporary trainee GP.) Do you agree with this strategy?

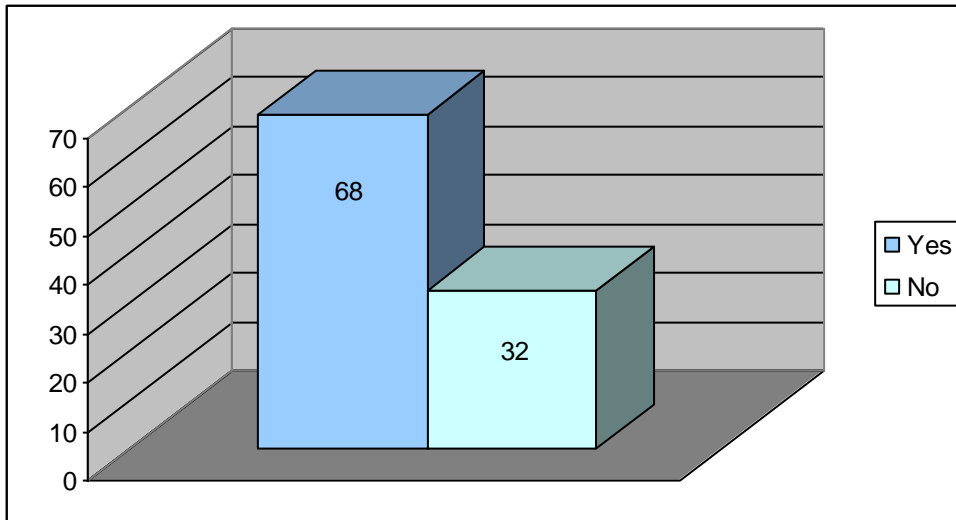


5 Do you prefer to see the same doctor each time or whichever doctor is available quickest?

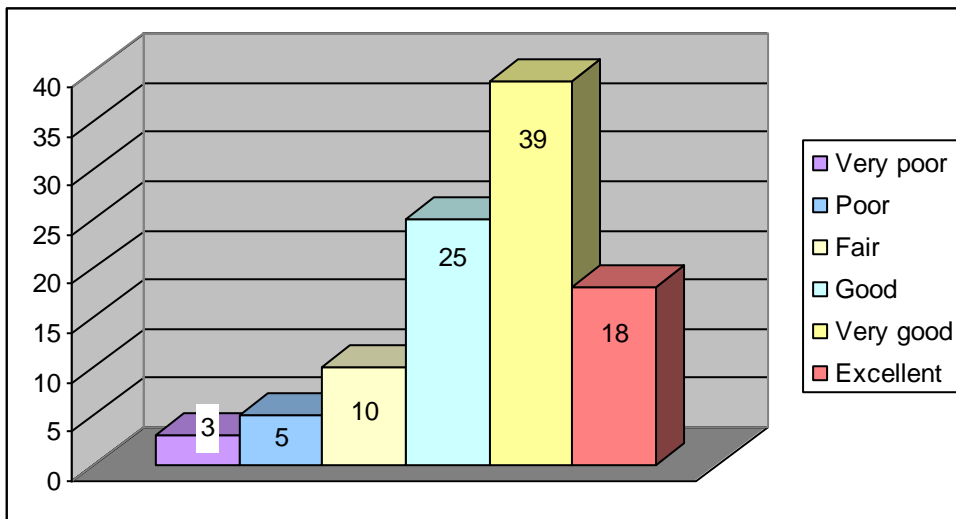


6 Every doctor is available each morning (annual leave permitting) and these appointments can be booked by calling or visiting the surgery that morning.

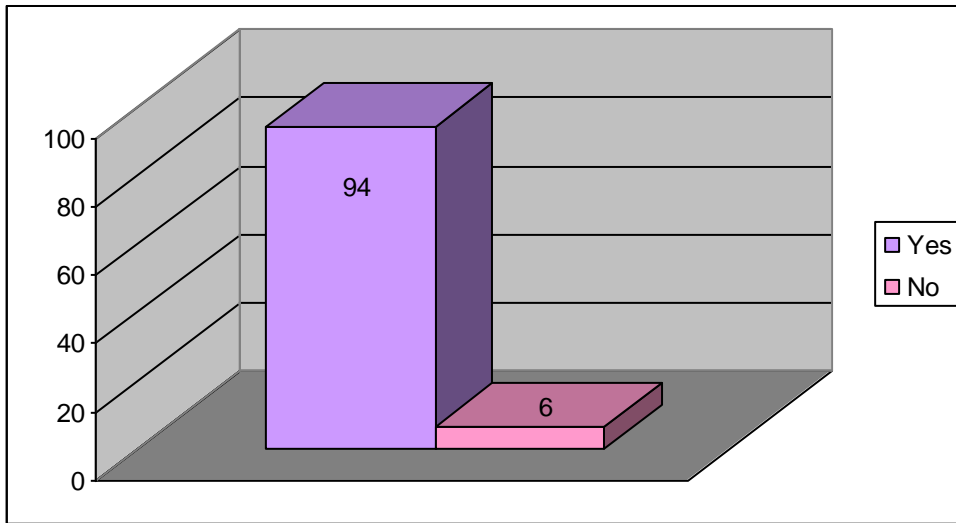
a) Have you booked a morning appointment with a particular doctor?



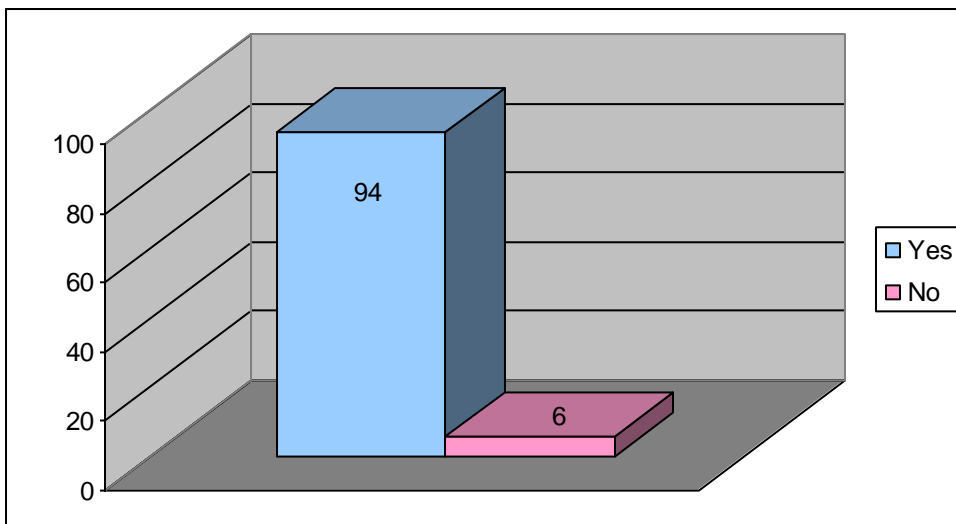
b) How do you rate this?



c) When you have needed to see a doctor urgently have you been able to do so, even if it was not your usual doctor?

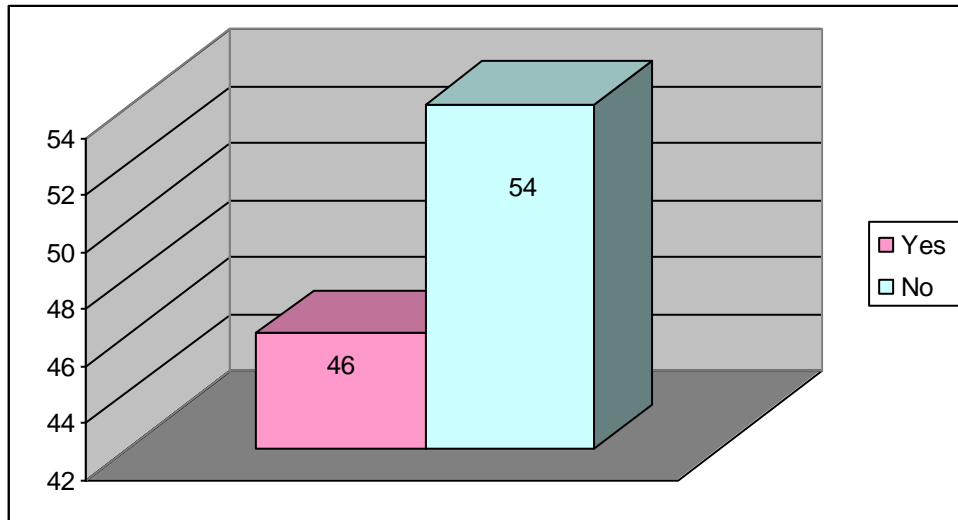


d) For urgent appointments have you been seen on the same day?

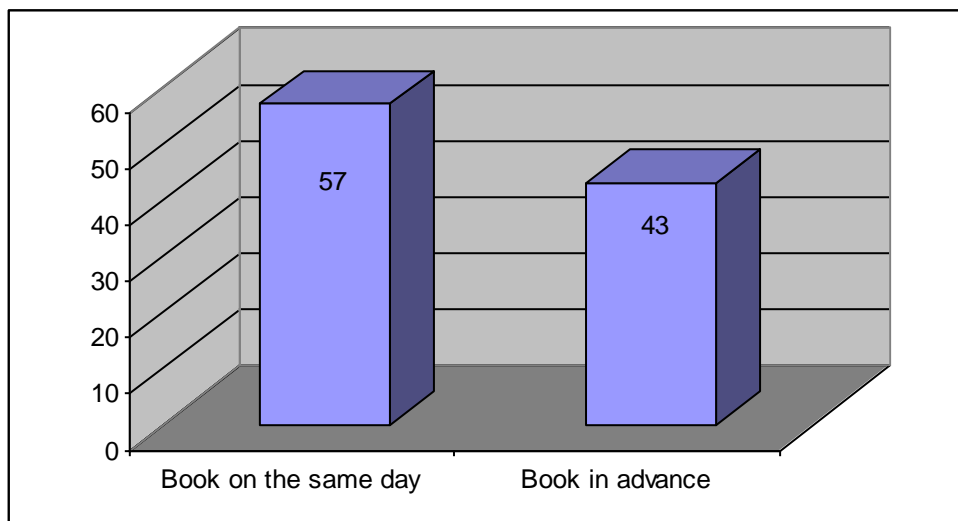


7 We offer advance appointments every afternoon and two evenings each week with doctors and nurses. Appointments are available up to 4 weeks in advance for doctors and 6 weeks for nurses.

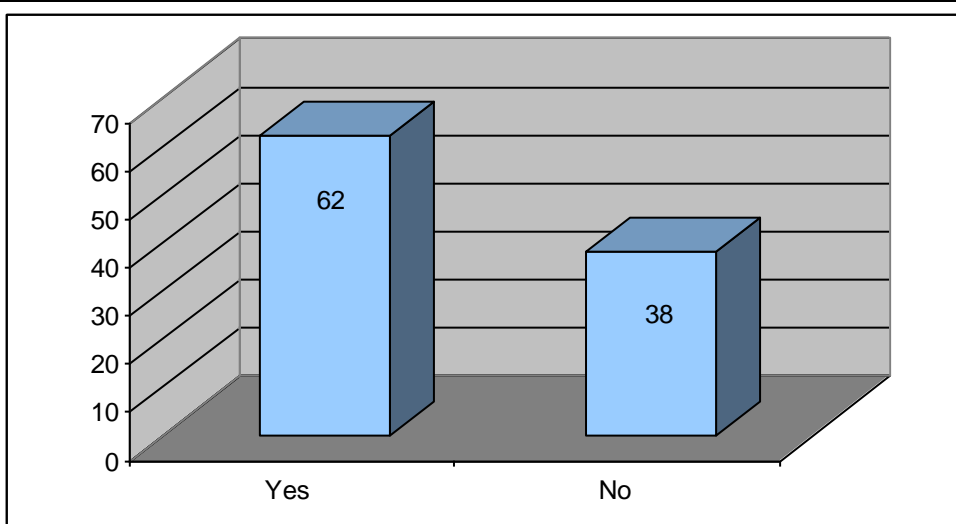
a) Were you aware of this?



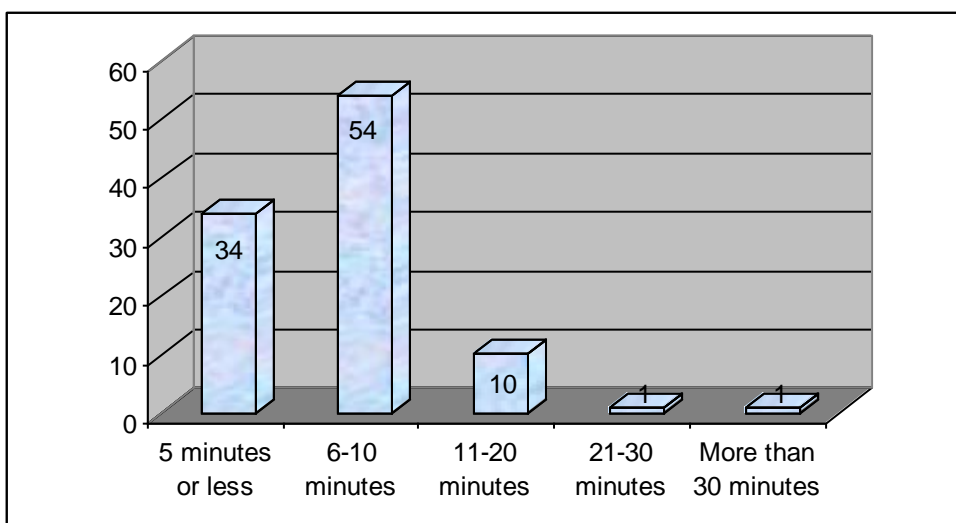
b) Have you tried to book an advanced appointment or do you prefer to be seen on the same day?



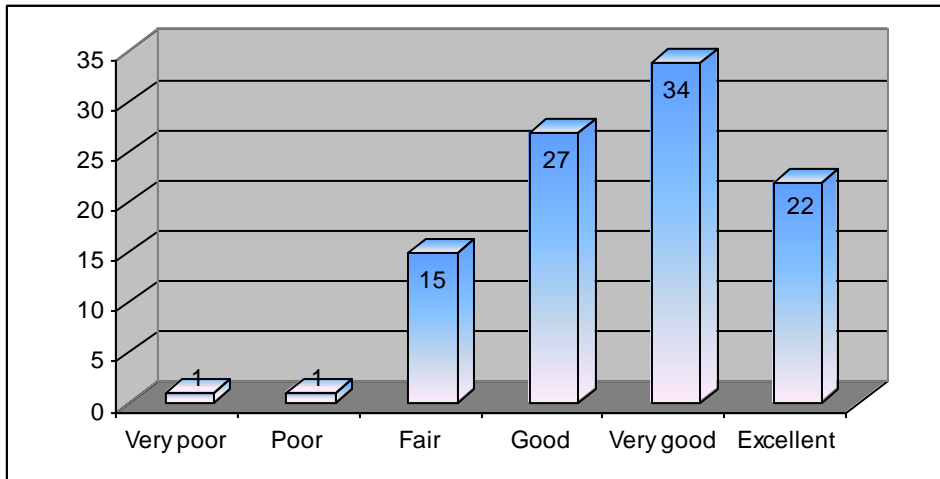
c) if you wanted an appointment in advance (3 days or more) were you able to get one?



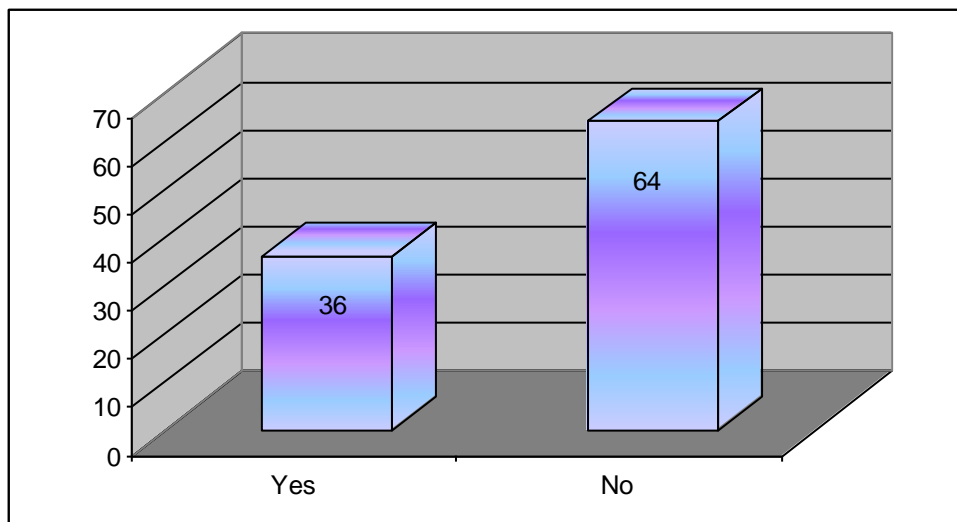
8 a) How long do you usually have to **wait** in the waiting room for your consultations with a doctor / nurse to begin?



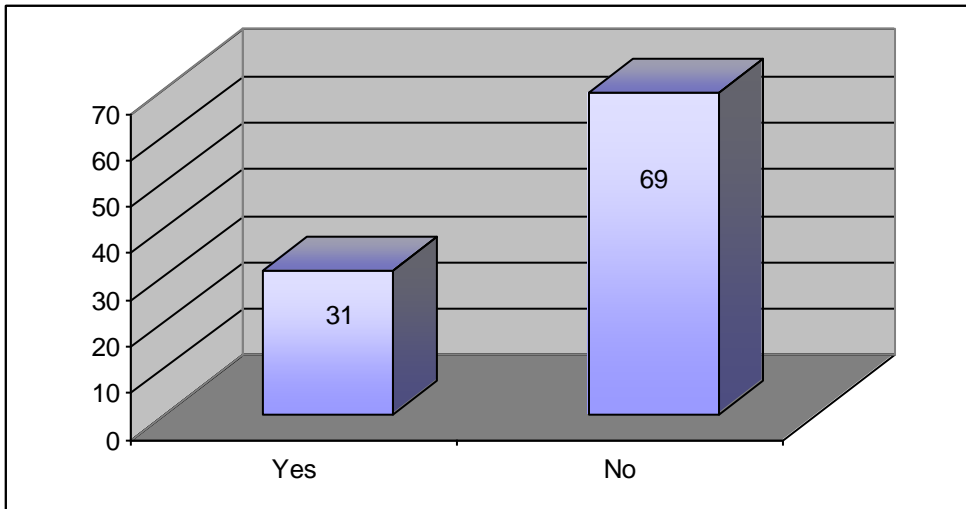
b) How do you rate this?



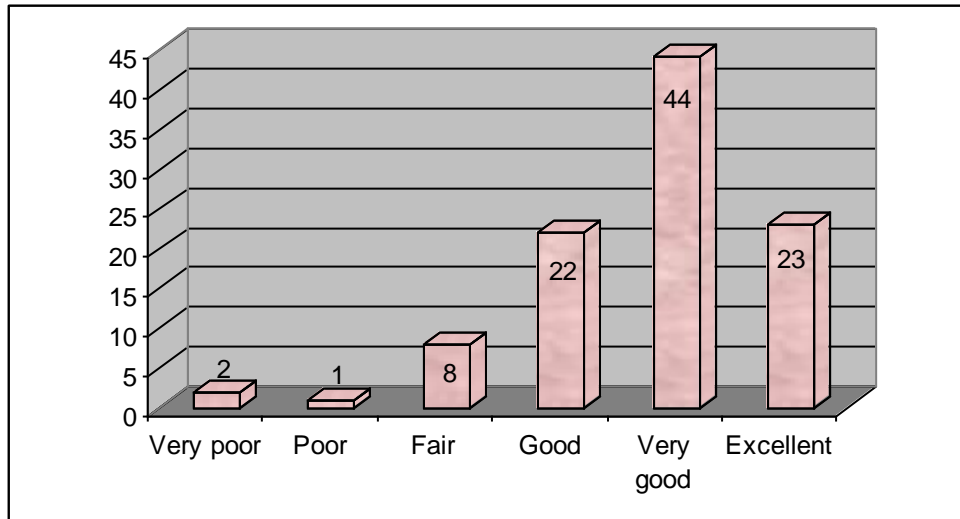
9 Are you aware we offer phone appointments and a ring back service to allow you to speak to your doctor?



Have you used this service

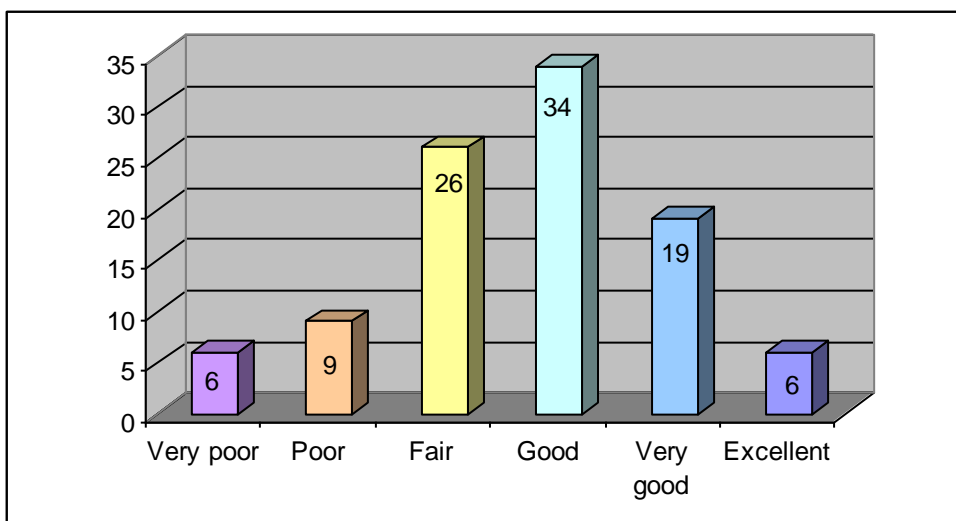


b) How do you rate this?

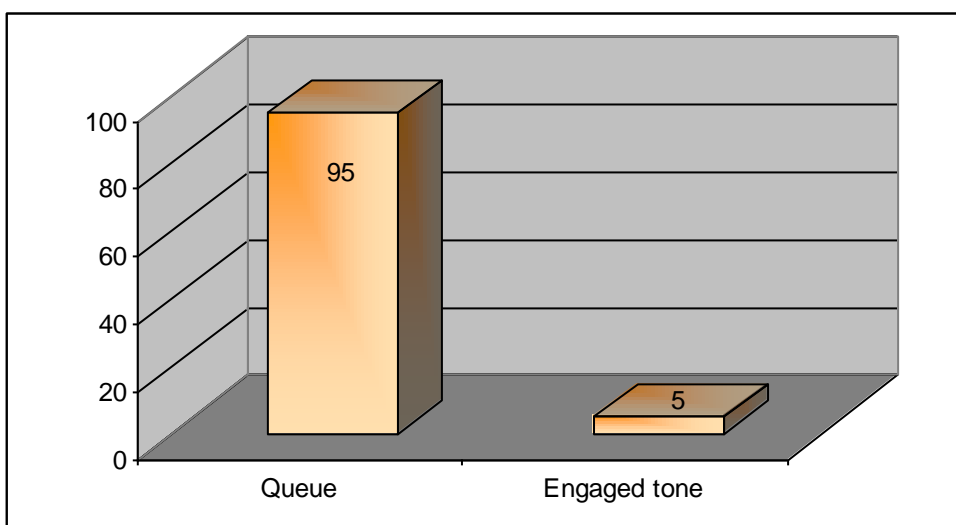


10 The practice has a call queuing system, this means no call goes unanswered and no one gets an engaged tone. We realise at peak times call volumes can be high

a) How would you rate you ability to get through on the phone?

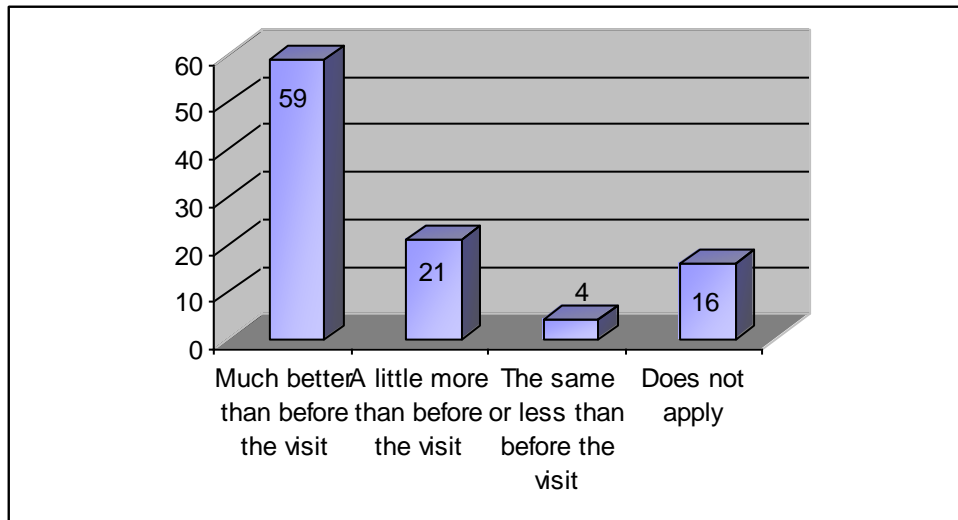


b) Would you prefer to hear the engaged tone and have to constantly ring back, or be held in a queue

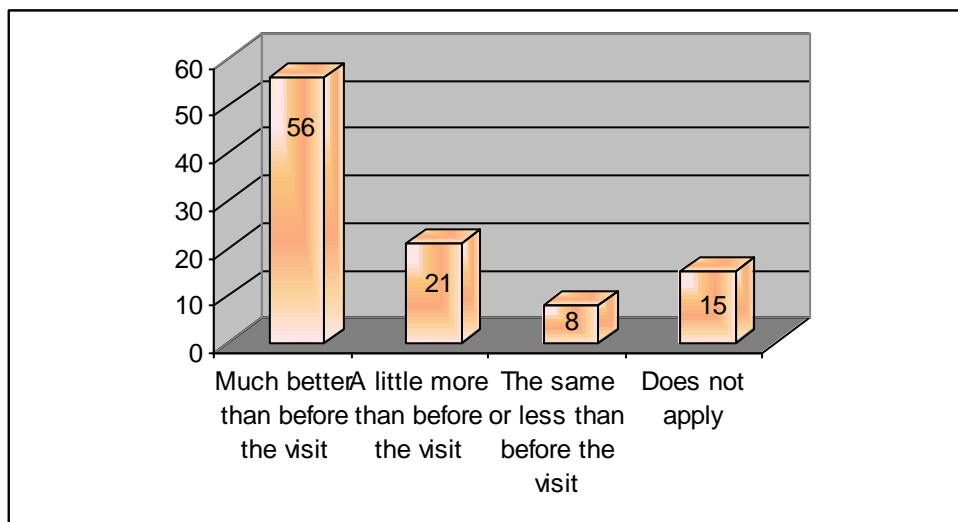


11 After seeing the doctor / nurse today do you **feel**...

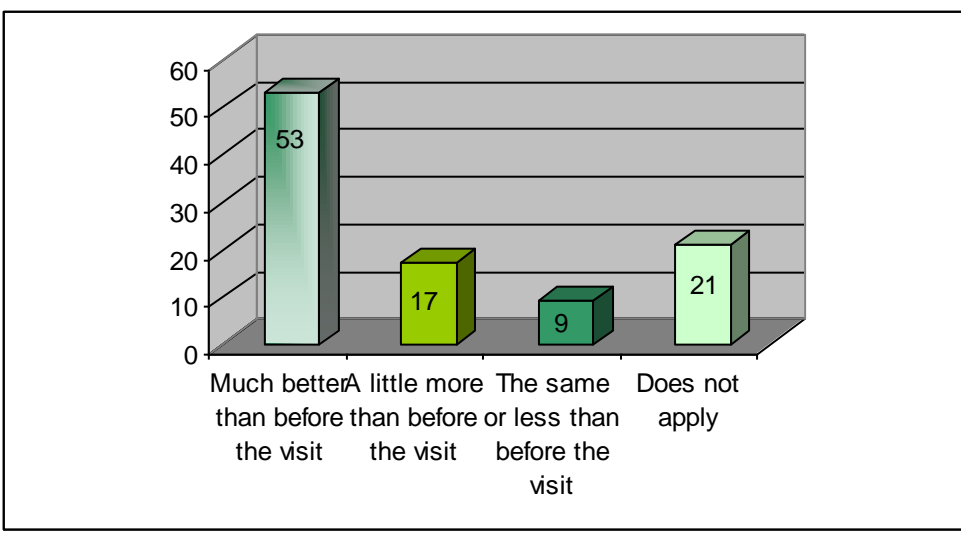
a) able to understand your problem(s) or illness?



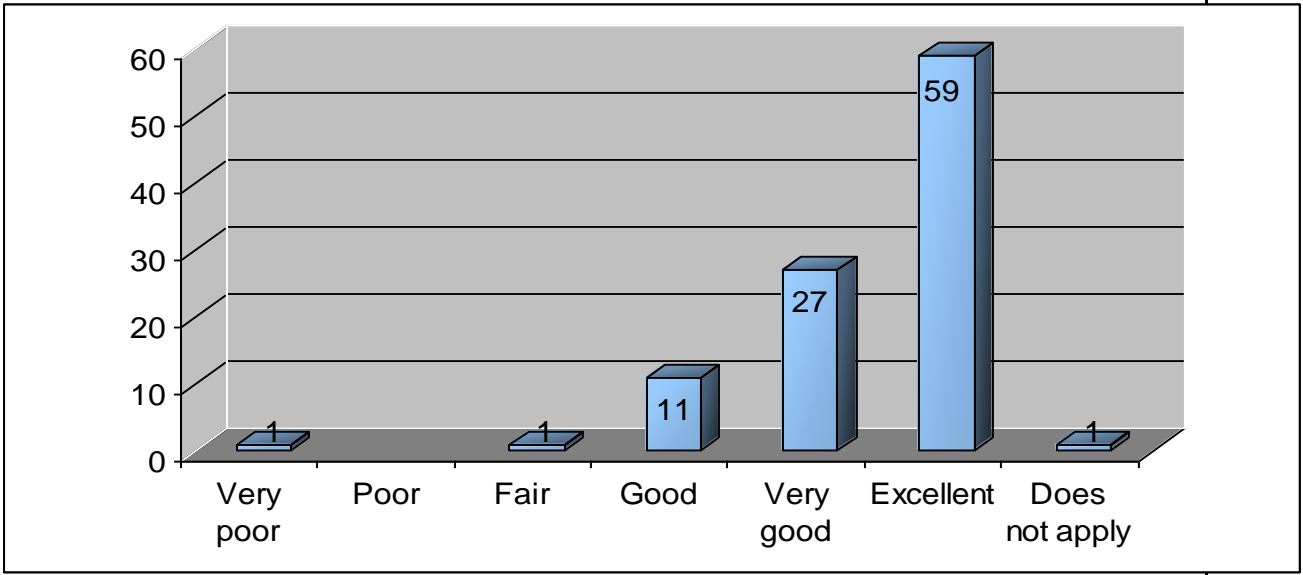
b) able to **cope** with your problem(s) or illness?



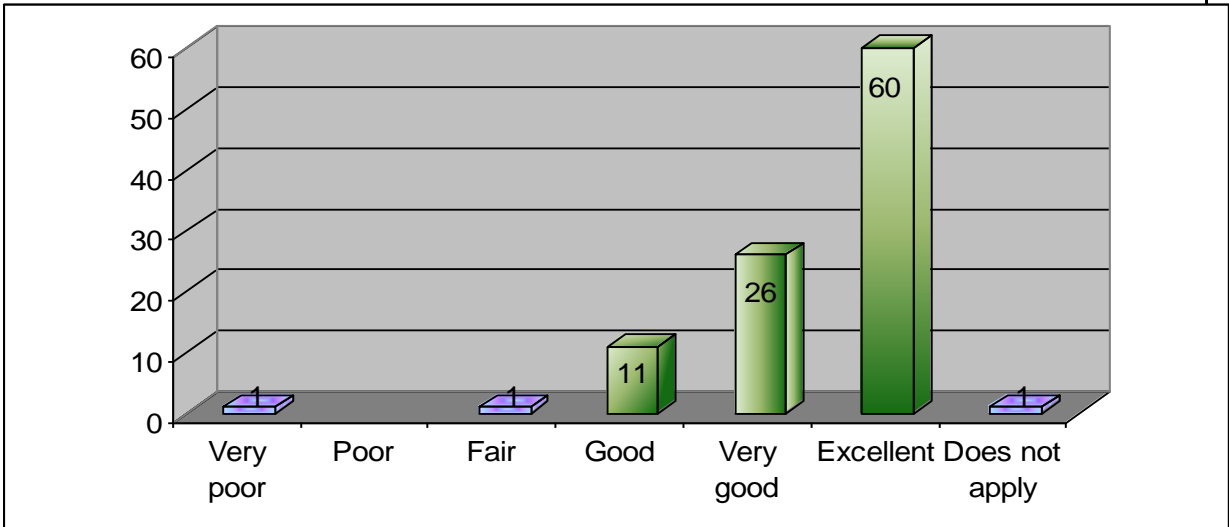
c) able to **keep yourself** healthy?



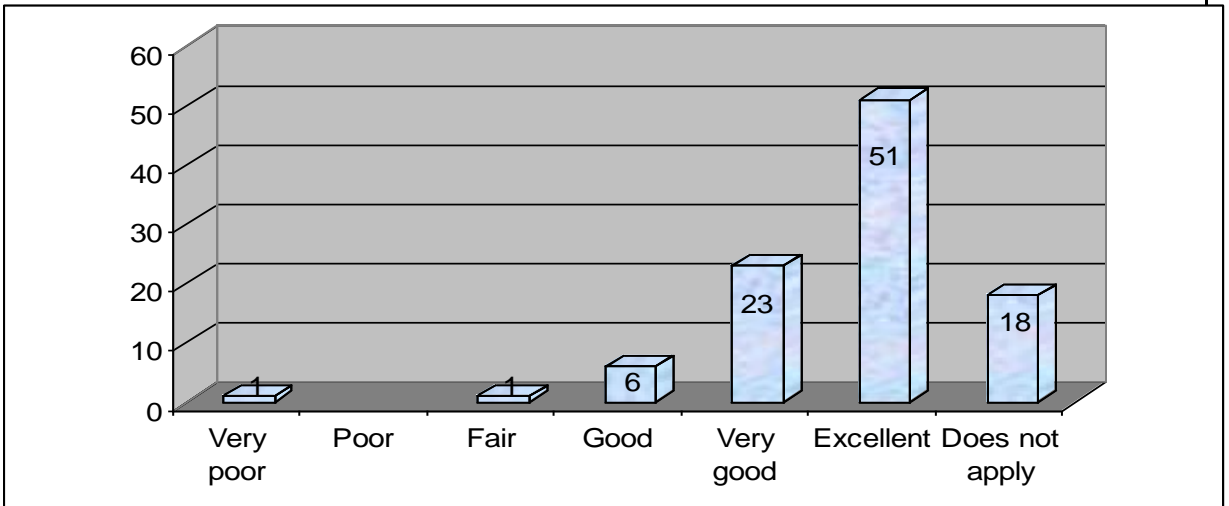
12 Thinking about **your consultation today**, how do you rate the following:
 a) How **thoroughly** the doctor /nurse asked about your symptoms and how you are feeling?



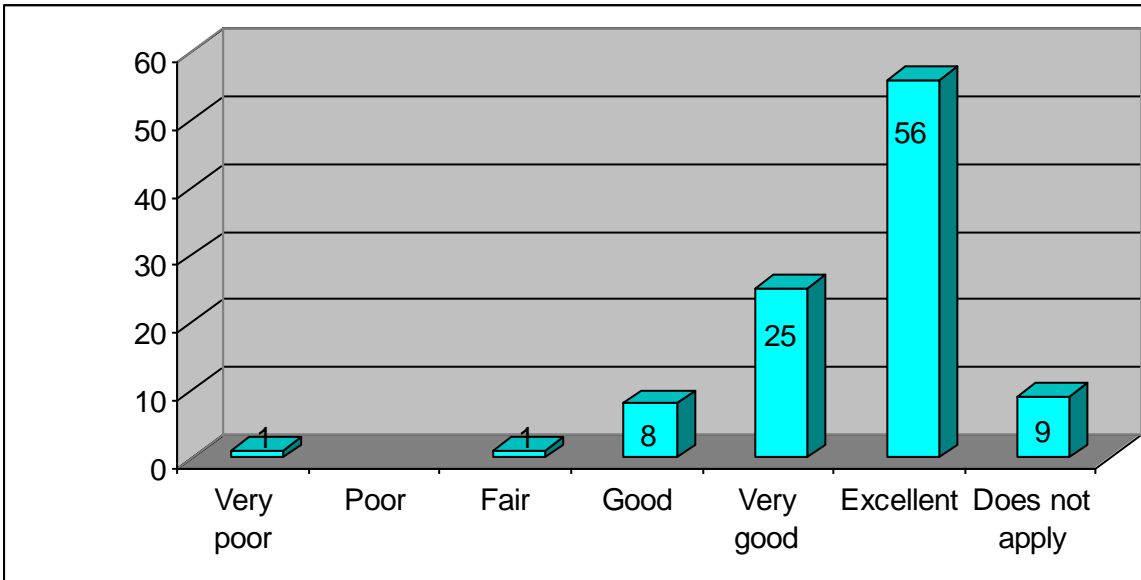
b) How well the doctor / nurse **listened** to what you had to say?



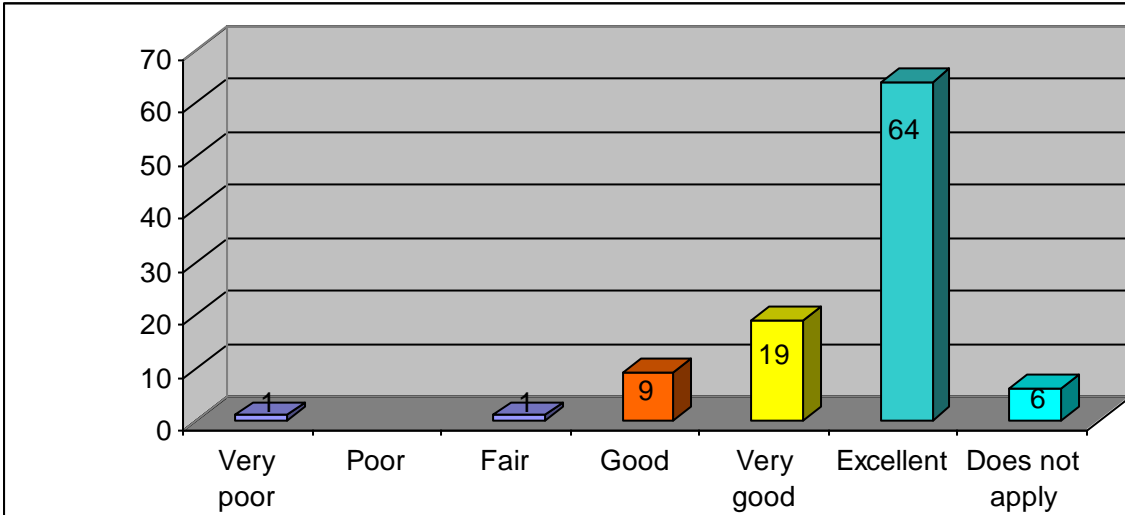
c) How well the doctor /nurse **put you at ease** during your physical examination?



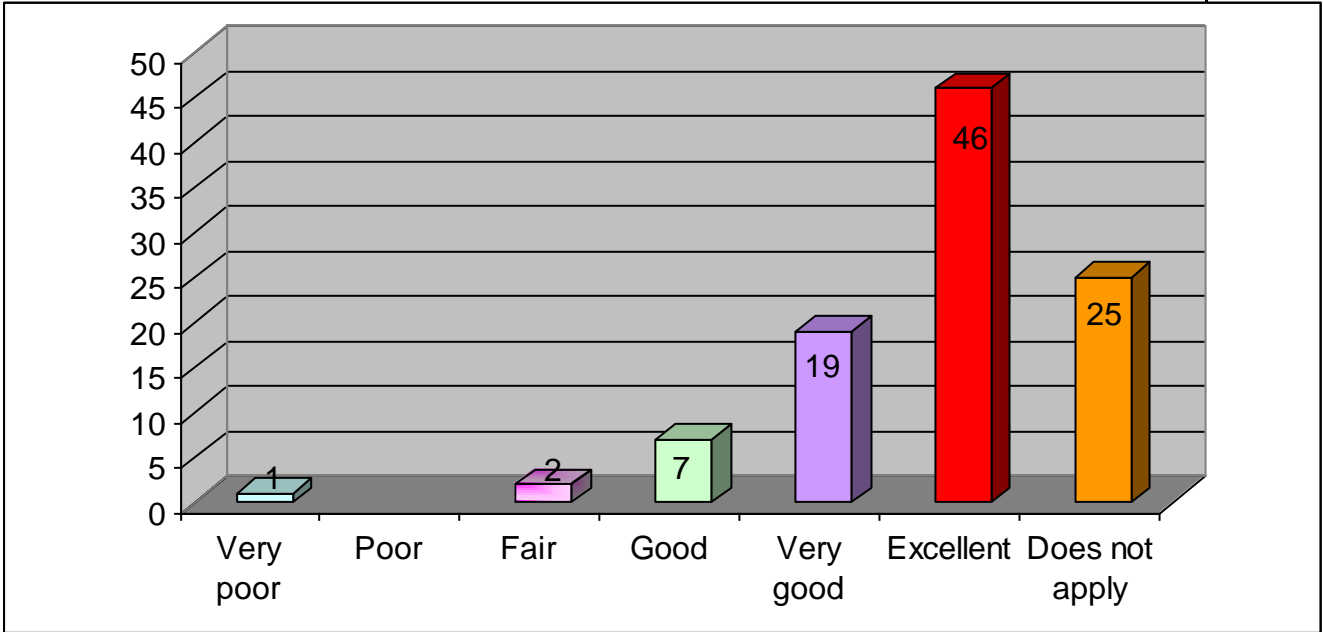
d) How much the doctor /nurse **involved you in decisions** about your care?



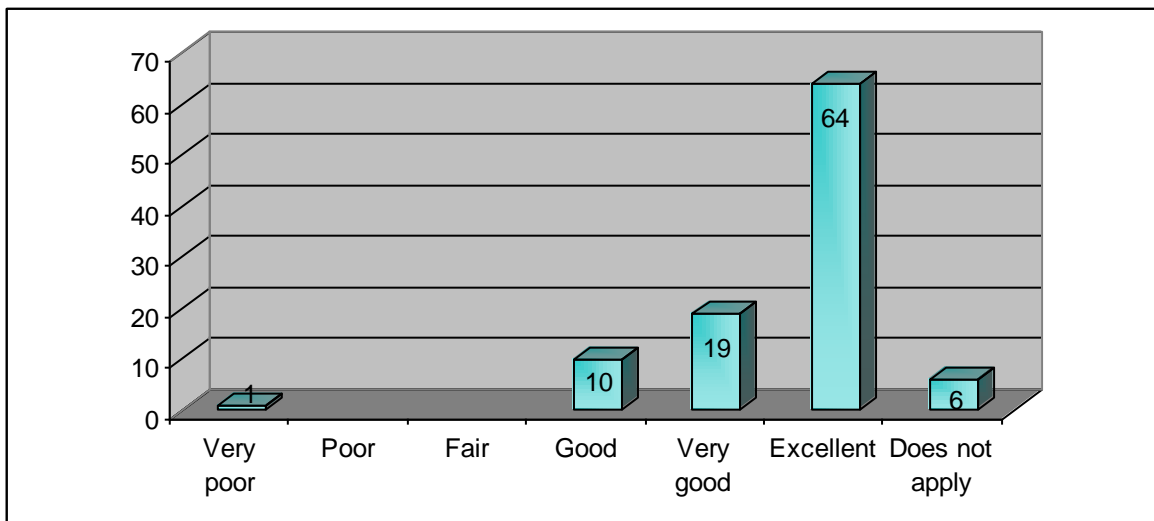
e) How well the doctor / nurse **explained** your problems or any treatment that you need?



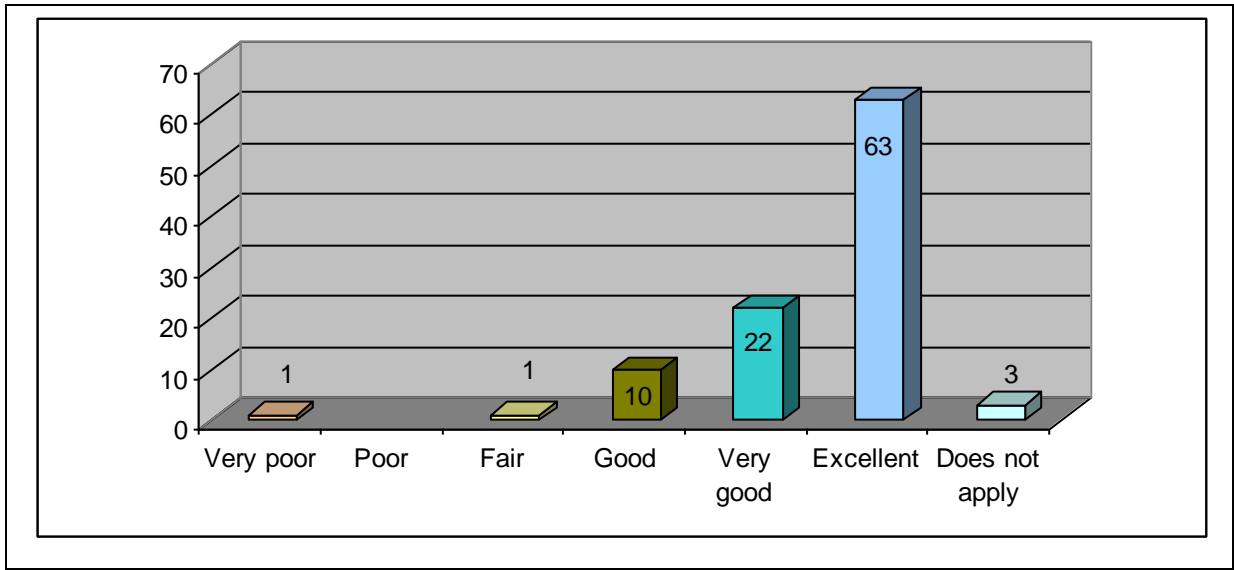
f) The amount of **time** the doctor/ nurse spent with you today?



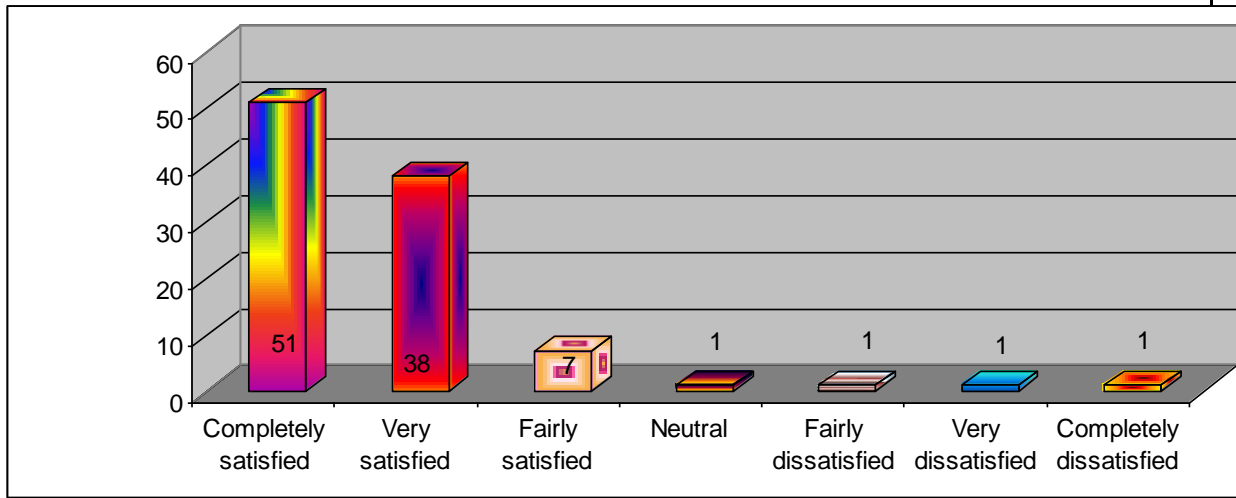
g) The doctor / nurse's **patience** with your questions or worries?



h) The doctor / nurse's **caring and concern** for you?



13 All things considered, how **satisfied** are you with your practice? (please tick only one box)



14 We are interested in any other comments you may have. Please write them here.

Is there anything particularly good about your healthcare?

Is there anything that could be improved?

Any other comments:

STEP 4- Discussion of survey results by PPG

The results of the survey were then discussed amongst the PPG on 26/2/2013, they had all been given copies beforehand to keep. Below is a summary of the discussions.

Question 1- 33% of patients have visited the practice 3-4 times; similar to last year's findings. Over 40% have visited more than 5 times, showing how high demand is. It is important to highlight the various roles members of the clinical staff have; for example, it is not necessary for the GP to do blood pressure checks, as this can be done via the nurse.

Action- To continue displaying roles of all staff in the waiting room, the newsletter and website.

Question 2- it was pleasing to see that 91% of patients thought that they were treated "good – excellent" by our Reception team. The introduction of a staff uniform has helped to enhance and show their professionalism. The introduction of the "self check-in" system has allowed them to have more time for other enquiries.

Action- Introduce "Patient Partner phone system", more of which will be discussed later. This will hopefully allow our Reception team to concentrate on other matters, and spend less time booking appointments on the phone.

Question 3- 92% of people gave a favourable response (good-excellent) with regards to our current opening hours. This was higher than last year. This may be due to our action points from last year working. It was pleasing to see that the majority of patients; 55%, did not feel the need for any additional hours; again higher than last year. It was surprising to see that 13% of people wanted evening surgeries, which we already provide. We discussed that 25% of respondents wanted weekend surgeries, but this may mean that particular doctor would not be available midweek. Also working extra hours would cause tiredness, and that could be possibly lead to mistakes.

Action- continue promotion of current evening surgeries on website and around the building.

Question 4- shows over 95% of patients value continuity, which we will do our best to continue with. We rarely employ locums, apart from exceptional circumstance such as maternity leave.

Action- strive to continue as we are

Question 5- as expected 71% of patients prefer to see the same doctor but surprisingly 29% want to see the quickest available. As a result of last year's questionnaire Dr Saeed's appointment structure was changed so that there were more pre-bookable appointments in advance, thus ensuring better continuity. Unless there is sickness amongst staff, we also have excellent access for urgent problems on the day.

Action- other GPs may have more pre-bookable appointments in advance and less on the day, to aid with better continuity. To also advertise the availability of booking appointments online for on the day appointments.

Question 6- fantastic to see when patients have needed to see a doctor urgently, 94% have so and 94% on the same day. This is probably because of our open access appointments in the morning.

Action- continue to provide this excellent service.

Question 7- 46% of patients knew about advance appointments availability. Not as high as we would like, but higher than last year. This is probably a reflection of last year's action points working, (i.e online access, and general appointment advertising online and on our electronic message board). 57% of patients actually prefer to book appointments on the same day, contrary to popular belief. An excellent achievement has been the findings that 62% of patients have been able to book an appointment more than 3 days in advance. This is a dramatic improvement compared to last year's findings where only 34% were able to do. Again, this must be due to our increased advertising of appointment availability/online access usage, and changing GP appointment structure as per last year's action points. The size of the practice team has increased as we have several trainees. This has consequently led to a net increase in appointment availability.

Action- to continue advertising online access.

For other GPs to consider having more advance appointments, and less book on day, to try and get a balance between book on day and book in advance appointments. Continue as Training Practice.

Question 8- 88% of people were seen within 10 minutes, which we felt was a good standard. The medical team do their best to run to time, as patients very often have other appointments they need to attend later on that day, or do the school run/go to work etc. Some patient's needs, can be more demanding than others. Also next year we should clarify that, we are asking about the waiting time after your appointment time, as very often patients turn up early!

Action- continue this high standard. Ask next year if patients realise their appointments are 10 minutes long.

Question 9- 36 % of patients were aware of telephone appointments, which is similar to last year's findings, but of those who knew, 25% had used the service which was higher than last year. So there has been some impact made with our previous action points. Ultimately, more use of telephone appointments will free up appointments for face to face consultations.

Action- keep on advertising telephone appointment availability on message board, website and newsletter.

Question 10- This was a very important question that had been added as a suggestion from last year's PPG meetings and one of the group's priorities. Some people always mention the call queuing system the practice uses. This was put into place as previously the practice used to receive complaints about hearing an engaged tone. Using the call queue method, should ensure calls should not go unanswered.

An emphatic 95% people prefer to use the current call queue system rather than hear an engaged tone. This evidence should put to rest any people who say otherwise.

The PPG is also aware that there are rumours around about call charges. It is not a premium rate, but the PPG understands that

previously when most people used a BT phone-line, call charges were lower. However, in this day, when several phone line operators are in business and the rise of mobile phone usage, call costs can vary. As mentioned before, one of our PPG members has done a lot of research, and reflected in previous minutes. One of our members also produced her telephone bill which was over 6 pence in cost, and remarked how she was not kept waiting very long. The surgery also phoned patients back on their mobiles, but we did not make a big deal about the charges to us, unlike several local hospitals which generally do not like phoning mobile phones.

The PPG was informed how as a result of the building expansion our phone-line providers had approached us to have more lines fitted and they were keen for our continued custom which would mean signing a new contract. This was 2 years before the current contract expired. We mentioned to them the feedback we had received from the PPG and comments from last year's Questionnaire. Patients have also mentioned when call volumes are high, typically in the morning when patients are booking appointments, there can be several patients ahead of them in the queue. This can cause anxiety as some people feel their phone charges will be higher. The phone company took all of our queries into consideration. After negotiating with them we have signed a new contract. We were pleased to announce to the PPG that we had purchased a new call queue system called "Patient Partner". This is a clever bit of kit. On phoning the surgery the patient would still have the option of speaking to the Receptionist if they wished, but importantly would now be able to make an appointment using their telephone touch pad, without speaking to a person! The phone line would be open before 8am, thereby hopefully reducing the rush to make an appointment, and as patients were making appointments themselves, the need to wait on the phone should be reduced. Because of the extra purchases we have been able to get more phone number options including 0844, 01, and 0870; so patients can use whatever number is best for their call package. We are confident all these changes will lead to better and quicker access for all. These changes should be coming into effect in April 2013, when the phone company will be installing it.

Action- to continue using a call queue system as popular amongst patients and introduce “Patient Partner”. Will need to advertise this on website, practice leaflet/ newsletter, electronic noticeboards, leaflets in reception and availability of new phone numbers. Measure impact of this in next year’s survey.

Question 11- 80% of patients had more of an understanding of their problems than before their visit to the surgery. Generally, this shows patients are happy.

Question 12- heart-warming to see 86% of patients felt their symptoms were enquired about thoroughly (“excellent” + “very good”). 86% felt they were listened to in an “excellent” or “very good” way. It was complimentary to see that the majority of patients felt that they had been involved in their management decisions.

Action- maintain this standard of care and patient centred approach.

Question 13- 51% of patients are “completely satisfied with the practice” and 38% of patients are “very satisfied”. This gives a total of **89% satisfaction**. This is an excellent achievement and a reflection of the modernisation of the practice, the combined hard work of all of the practice staff, and shows how the changes which have been made as a results of last year’s action points, are slowly coming into effect. This is shown by the fact that last year’s satisfaction rates were a total of 70%, so there has been a 19% improvement. This year’s satisfaction rates could be extrapolated to meaning the same as “recommending to friends and family test”.

Action- ask specifically about whether patients would recommend to friends and family next year. Continue this high standard.

Question 14 comments-

Main themes were:

Positive

- 1) Individual doctors named for their excellent approach and care

- 2) Getting an appointment on the same day
- 3) Friendly and well run
- 4) Impressed by quality of the team, and improvement of facilities
- 5) Quality of new building

Improvement suggestions

- 1) Gripes about phone service
- 2) Wider selection of appointments needed for advance/ on day for medical staff
- 3) Need to make obtaining appointments easier

Generally the themes of the comments are similar to the priorities that were set out previously.

With regards to access, we are happy that patient's value being able to phone their surgery and be seen that day. We understand that it may be difficult in some cases to obtain advance appointments swiftly; consequently this affects continuity of care which is one of our other priorities, (the two go hand in hand). If an appointment system can be developed which caters for everyone, then both access and continuity shall improve. Access has improved with additional appointments with our Registrars. The partners have decided that more doctors will change the way our appointments are allocated, by offering less on the day bookings, and making these appointments bookable in advance. In addition to the changes made last year with Dr Saeed's appointments.

We appreciate that it can take months and months before gaining evidence that things are working for the better. We will always have our overflow surgery for patients who need to be seen on the day as a back-up. If this further trial is successful then we could look at all of the doctor's appointments changing.

With regards to the phone system, when "Patient Partner" is installed, we are hopeful this will speed up the booking process and cut down the time spent on the phone and with the provision of additional phone numbers to the practice, most needs should be catered for.

The action points and priorities that have come out of the discussions have been approved and agreed by the PPG. None of them need further discussion with the PCT.

STEP 5- PPG Action Plan

Priority- Access: In April 2013, to alter appointment allocations for more doctors and see if this improves availability of advance appointments. This will be building upon last year's changes. If successful, consider altering all appointments. We need to continue to reduce 'did not attend' appointments by highlighting how many occurred in previous week on our electronic noticeboard. It is so frustrating when appointments are wasted, and others could have taken them, hence improving access. Continuing as a Training Practice, will also ensure more appointments and more doctors, hence more patient choice. We will be introducing a new phone system, which will make it easier to book appointments. Appointments will be released online for same day booking too. We will continue to advertise telephone consultations in various ways. This will allow less complicated problems to be dealt with more efficiently, and consequently freeing up more appointments for face to face consultations.

Priority- Continuity of Care: This should improve with alteration of pre-bookable appointments, from April 2013. The practice will also try and avoid the appointment of short-term locums. Having the ability of booking online, making use of telephone consultations and advertising the roles of allied health professionals should give rise to more appointments with specific doctors or nurses.

Priority- Telephone system: We will introduce the new phone system "Patient Partner" hopefully from April 2013. This should lead to swifter appointment bookings. It should lead to a reduction in the rush to get appointments at 8am, as patients will be able to book before this time. Patients will have several numbers to call the surgery, (essentially, enhanced patient choice). The PPG will continue to monitor public opinion and alter the questioning in next year's survey with regards to whether patients have found the new phone system better.

Priority- Fund Raising: The PPG will continue to raise funds through various charitable means to help provide the practice with a new 24hr blood pressure monitor.

Other Actions Points:

- Enquire in next year's survey if patients realise how long their appointment is?
- To ask in survey next year, if patients would recommend the practice to their friends and family.

Advertising and Promotion- Evening surgeries
Roles of various staff
On- line access
Telephone consultation

All done via newsletters, practice website/ blog, electronic noticeboard, practice leaflet and word of mouth.

STEP 6- Publicity

Lightwater Surgery is open: **Mon-Fri 8am- 6.30pm**

Appointments can be made by telephoning, calling in or via the practice website: www.lightwatersurgery.co.uk

Doctors are available for appointments from 8.30am-12pm and 3pm-5pm. Nurse appointments are available throughout the day.

Lightwater Surgery provides extended hours as follows:

Mon 6pm-8.30pm and Thurs 6pm-8.30pm, with doctors and nurses.

Out of Hours cover is arranged by Frimley Primary Care Services- accessed by calling the surgery and following the instructions or by calling **0118 936 5649**. This will be changing to **111**, in the near future.

The findings of the Local Patient Participation Group Report, has been circulated to its members. A copy has been sent to the PCT. It is

available at the practice on request and can be found at the surgery's website.

APPENDIX

- 1) PPG membership advertisements on electronic noticeboard
- 2) Practice Newsletter advertising PPG and previous action points

1)





Lightwater Surgery

NEWSLETTER

Volume 2, Issue 1

July 2012

WELCOME!

Inside this issue:

Latest news Patient Group News	1
Staff Changes Booking appts Making use of appts	2
Self Check-in Appointments Contagious problems	3
Practice information Future changes	4

SURGERY REDEVELOPED!

Thank you for all of your patience over the last few months. It has paid off! On the 17th July 2012, Lightwater Surgery was officially opened by HRH The Countess of Wessex.

It was a truly joyful event which brought together the Patient Participation Group, previous staff members, the current practice team and the builders.

The enhanced facilities should contribute to better patient care. A new facility for all in the local area to benefit from.

We are sure you will be impressed by the dramatic facelift.



Surgery Opening Hours

- * Mon: 0800-2030
- * Tue: 0800-1830
- * Wed: 0800-1830
- * Thu: 0800-2030
- * Fri: 0800-1830

Patient Participation Group

The PPG has been very successful in helping to shape the surgery. We still require more members.

The PPG are keen on recruiting some young blood, to give a true representation of the practice as a whole.

So if you are aged between 16-30 and able to give a couple of hours of your time every few months, we would be grateful if you could contact reception and express an interest to join the group. Your opinions and views would be valuable to the community.



STAFF CHANGES



Many congratulations to Dr. Jones who has had her new baby. She will be back from Maternity Leave in October 2012.

Dr Fisher who has been covering her duties, has become part of the practice furniture and very well thought of by her patients.

Our secretary Anne will be retiring soon and her duties will be covered by Sarah, who is currently working in Reception/ Phlebotomy. We would like to thank Anne for all of her contributions over the last few years. She will be greatly missed.

The practice will be joined by Dr Babla for 4 months from August 2012, she is a FY2 doctor. She is fully qualified, but getting some experience of General Practice.

The new staff uniform has been introduced, what do you think?!

DON'T FORGET TO USE 'SELF CHECK-IN'



We have introduced a 'self check-in' service in reception.

This will save you and the reception team time. You will not have to queue at the desk, and will allow you to be checked in to see the doctor more quickly.

Please remember not to arrive late for appointments. You are given a 10 minute grace period, which is your appointment length.

If you arrive after this time i.e. missed your appointment slot, it will be up to the doctor or nurse to decide whether you will be seen.

Arriving late means that others who arrive on time, will be delayed! Which is unfair.

Occasionally, the doctor may be running behind, this is due to medical need, not laziness or poor organisation.

BOOKING APPOINTMENTS

Please don't forget that you can book consultations with the doctor or nurse on-line!

Please contact the Reception team, for an application form. This can save you time and help give a wider choice.



To help save you time, please take advantage of telephone consultations. If you feel that you have a minor issue that does not need a face to face consultation, or if you need to discuss a follow up to a problem, that does not require an examination, these can be requested! This can help free up appointments for others. You may still need to be seen by the doctor.

SURGERY APPOINTMENT STRUCTURES

The surgery has a mixture of pre-bookable appointments, 4 weeks in advance with doctors and 6 weeks in advance with nurses. We have found previously from our Annual Survey, that people like to phone up on the day of any acute illness and get their appointment.

We also realize that it can be difficult to get the correct balance of book on day and advance appointments. Therefore we will be experimenting with Dr Saeed's appointments. He will have more booking in advance appointments released on Monday mornings. If it proves popular other

doctors may join him.



MAKING USE OF APPOINTMENTS

Don't forget there is an Evening Surgery on Mondays. There is also a Family Planning Clinic on Thursday evenings.

If you want to have your blood pressure checked, you do not

require an appointment with the doctor. This can be adequately managed by our nursing colleagues, so please book and appointment with them.



CONTAGIOUS CONDITIONS!

Please think of other patients. If you or your child have a rash which you may feel is contagious, such as Chicken Pox. Please advise the Reception team on the phone. This is important so that on arrival to the surgery, do not use the 'self check-in', but go to the Re-

ception Desk so that you can be seated in a separate room, than the waiting area. These measures will help reduce the spread of certain illnesses. Especially as there can be vulnerable patients present in the main waiting room.



Lightwater Surgery

Address

Lightwater Surgery
39 All Saints Road
Lightwater

Tel- 0844 815 11 27

Fax- 0844 815 11 28

Don't forget!

We are on the web

www.lightwatersurgery.co.uk

Some of the clinics we provide for the community are:

- MOT checks
- Smoking cessation
- High blood pressure
- Coronary artery disease
 - Diabetes
 - Travel clinic
 - Chest clinic
 - Antenatal
 - Cervical smear
- Childhood immunisations
 - Flu jabs

FUTURE CHANGES

During the renovation, our surgery blog proved very popular.

We have decided to keep this going as it will be another way for patients to be kept in the loop about any news.

We are hoping in the future to get a Physio

at the practice. We are hopeful in acquiring the skills of a chiropodist too.

For patients with pain conditions who have previously tried medications, may want to try acupuncture. We have had patients in the past asking for this.

These services will most likely be private .

For more info please visit:

www.lightwatersurgery.blogspot.co.uk

