

**END OF YEAR REVIEW WITH THE PPG GROUP OF  
PREVIOUSLY AGREED ACTION PLANS & Mtg Agendas**

**Patient Participation Group @ The Wand Medical Centre**

**Action Plan Arising from the CFEP Patient Survey:**

**(Meeting held 26<sup>th</sup> March 2013 @ 10.30am)**

**The Wand Medical Centre:**

(5 of the PPG group attended with one apology having been received)

**Objective to agree "quick wins" that address the key issues arising out of the survey.**

**Areas for Immediate Focus**

1. Telephone Access
2. Waiting Time for Appointments
3. Speak to the Practitioner on the phone
4. See Practitioner of choice & within 48 hours
5. Comfort of the waiting area
6. Appointment satisfaction
7. Complaints & compliments

**1. Telephone Access:**

- Increase dedicated resource (by 2 people) to answering phones between 8.30am and 10.00am by involving Admin staff to double up on our responsiveness.

**UPDATE:**

- **As well as having 2 Receptionists on the front of house desk, we now regularly deploy 2 extra "admin staff" to support the front desk doubling our capacity to get to callers quicker and arrange suitable appointments. This extra support starts at 8.30am and goes on until 9.30am and on busier days can be extended to 10.00am. The arrangement is flexible and can be adjust according to daily needs and resourcing capability.**

**2. Waiting Time for Appointments**

- Set up the medical system to protect the staged release of appointments daily. To establish a controlled release of appointments daily, 48 hour and longer.

**UPDATE:**

- **A number of appointments are protected daily in order that no matter what time of day a patient rings the surgery we try and have slots available in order to avoid all appointments going on a first come first served basis. Without this "protection" all available appointments would go in the morning rush to book time with doctors so it is only in very exceptional cases and with Practice Manager approval that these slots are opened up and used before their embargo dates/times.**
- Develop a hand-out leaflet that sets clearly how the appointment system works for patients either new to the Practice or who appear not to understand it.

**UPDATE:**

- **We have published on the website a leaflet which explains in simple terms how the appointment system works at the Wand Medical Centre. It explains the various options of "book on the day", "urgent slots" for the daily walk-in requirements and the option to book in advance with a doctor of their choice.**

- Reduce wasted DNA appointments by making the cancellation line number 0121-440-5772 more widely known and used.

**UPDATE:**

- **We have also introduced a dedicated "Cancellation line" 0121-440-5772 for patients unable to keep their appointment and needing to re-arrange their appointment. This has the positive effect of reducing the number of DNA's (Did not attends) and wasted appointments. As soon as those cancelled appointments are put back on the system patients promised a cancellation are contacted in order that the time slot is not wasted. This has made a significant difference and continues to free u time that can then be re-allocated to other patients.**
- Communicate promptly to serial DNA patients explaining continued missing of appointment will lead to their removal from the Practice list.

**UPDATE:**

- **A system utilising 3 warning letters has been introduced to highlight to patients how unacceptable it is to just not turn up (DNA) their appointment. The final letter is triggered by 3 successive DNA's where no attempt has been made by the patient to explain their serial DNA's and for us to gain an understanding of why they have not taken the opportunity to ring/see the Practice Manager with a plausible explanation. This leads to serial offenders being discussed with the GP Partners and an adjudication whether they are taken off our list and their records returned to the Health Authority. Clearly where there are mitigating circumstances these are taken into account and a useful example which we tie in to our Child safeguarding policy is where children are missing their appointments (particularly where IMM's are concerned) and this is symptomatic of either parent neglect or chaotic family life where neither parents or guardians are taking responsibility.**
- Monitor available appointments and employ locum doctors to support when Appointments thinly available.

**UPDATE:**

- **We have done extensive research on the appointments from a "supply" and "demand" basis. The number of appointments available each day is influenced by a number of factors training courses in the practice or externally, annual leave, and sickness We monitor weekly the availability of appointments and where needed employ locum doctors and nurses to provide the extra capacity we need. The doctor rota is reviewed every week at the Partner Meetings for changes to our capacity to offer appointments, all holiday request are adjudicated on the basis of having enough capacity on any of the requested annual-leave dates. We have a preferred supplier list of locum doctors whose professional standard and approach fit with the ethos of the Practice.**
- **We are also starting the discussions and planning around On line Booking of appointments and the ability to order repeat prescriptions on line. This is at an early stage but the PPG group were consulted in our most recent meeting and we were given very positive feedback from the group to go ahead. Our new medical system EMIS Web lends itself very well to opening up these facilities.**

**3. Speak to the Practitioner on the phone**

- Re-introduce the "telephone consultation" for patients requiring ongoing support or information re a better understanding of their illness or condition. 2 per Partner will be added to the end of a normal surgery and kept solely for this purpose.

**UPDATE:**

- **Telephone consultations have now been re-introduced at the end of the surgery and are a useful way of a) adding capacity but also b) managing certain types of situation for patients unable to come into the surgery. The consultation does however have to be appropriate to the needs of the patient whose problem will not have the benefits of physical examination in the surgery. But matters of advice and**

information can often be handled quite successfully by this approach. Patients are now appreciating this extra facility and the feedback has been positive about this development.

#### **4. See Practitioner of choice and within 48 hours**

- Clarify in the Practice leaflet/Patient Charter that to ensure choice of a particular doctor patients will find it easy to book ahead, in advance.

#### **UPDATE:**

- Two documents have been developed to provide information for patients,

**"The Practice Information Leaflet"**  
**"The Patient Charter"**

**"The Patient Charter" is given to all newly registered Patients and provides ALL the information a newly registered patient needs to get the best out of their new surgery premises and practice team. The Patient Charter acts as a contract between the Practice and the Patient in terms of what "behaviours" are expected from patients and what "behaviours" patients might expect of their newly acquired health professionals. Copies of both documents are available on the website. This contract proved to be very helpful later in the relationship between the Practice and its patients where complaints or inappropriate behaviours are apparent.**

- Provide a better understanding to Patients of the criteria for being seen during the "walk-in" and how it works also which of the Doctors are available on which days of the week.

#### **UPDATE:**

- The Walk-in is offered to Patients 5 days a week but consists of 5 minute appointments for "urgent cases" only. The Walk-in allows another set of consultations was being abused by patients trying to "Squeeze in" under false pretences i.e. forgotten sick-notes, medication reviews etc. The reception team are now adopting a different approach to allocating these slots and have started to gently challenge these patients much more justify their "urgent" claim. What we have achieved also is a reduction in the "urgent cases" work-load and from on average seeing an average of about 16-18 extras to an average of 6-8 extras though this can fluctuate on a day to day basis. We believe also this has had a positive impact on any inappropriate attendees going up to A & E which is another focus for the Practice currently.

#### **5. Comfort of the waiting area:**

- Improve the heating within the patient waiting area to achieve minimum Health & Safety temperatures (16 degrees C) and improve on them from opening at 8.30am to closing at 6.30pm.

#### **UPDATE:**

- Significant progress has been made with maintaining steady and acceptable temperatures through the winter months. The air conditioning units had fallen significantly behind on the checks we should have expected through our maintenance contract. The consequence was that an accumulation of dust was preventing the filters working properly while at the same time compromising the heating to particular areas like the Patient Waiting area and the main admin area. . Consequently it was necessary to run the heating on a thermostatic control of 30 degrees in order to deliver an actual temperature of c 16 degrees. The Maintenance company Maxwell Stewart subsequently cleaned all the filters and the improvement was almost instantaneous. Additionally the heaters over the external doors had never worked due to inadequate wiring. We had the electrical engineers replace the old wiring, re-connect the heaters over the external doors and now have a curtain of warm air which protects the temperature control in the main waiting area. Previously each time the external doors were opened the waiting area experienced a rush of cold air which reduced the internal temperature dramatically. The overall improvement brought about by these changes was significant and has been maintained.

- **We are also planning a “deep clean” in all patient consultation areas and re-decoration of the corridors, consulting rooms and waiting area. Although this work has started it is still some way off being completed.**
- Monitor the maintenance of heating systems once corrected and ensure system serviced at regular intervals by the property landlord.

#### **UPDATE**

- 1. The temperatures are now monitored daily and the number of complaints from either patients or internal staff has dropped off completely. We have now come through the main winter period where we were likely to experience the greatest variability in temperature and no complaints were received over that period. We have temperature gauges in most consultation areas for daily monitoring purposes. As Practice Manager I personally monitor the staff working areas.**
- 6. Waiting Time for Appointments:**
  - Encourage all doctors, registrars and students to be vigilant about “duration” and “timings” of appointments and respecting patients who are taking time off work or having other commitments or calls on their time.

#### **UPDATE:**

- **We still have to be vigilant re keeping patients waiting for 2 principle reasons a) We have recently upgraded from EMIS LV to EMIS WEB which has required major re-training of all clerical, admin and medical staff with consultations taking longer than usual with inevitable consequences for patients. One of the benefits of the new system is that it accurately tracks how long patients have had to wait from arrival to being seen which is often very helpful when disputed about these facts are raised by patients.**
  - **There are however always unforeseen “eventualities” and “emergencies” that can throw the appointment out of line with patient requirements. When these things occur we do make strenuous efforts to explain to patients that there might be delays so that patients are not left guessing.**
- 7. Complaints & compliments:**
    - Respond “promptly” and “appropriately” either by post, e-mail or telephone to the complainant and ensure that matters are closed off ***and*** that any remedial improvement plan is both acceptable and pragmatic in delivering on its objective.

#### **UPDATE**

- **We take both “complaints” and “suggestions” very seriously and are always prepared to learn and develop strategies and processes to meet these suggestions. All complaints are responded to in the first 3 days and where particular detail is required by the complainant a more detailed and researched response would then be sent soon afterwards. The suggestion box is usually an agenda item for PPG meetings and where appropriate the views of attendees are taken into account.**
- 8. Confidentiality:**
    - Train Reception staff to respect all aspects of confidentiality in an open-plan Reception area which additionally is protected by a rope and signage to manage queuing issues.

#### **UPDATE:**

- **This has to be a key requirement and priority with The Wand Medical Practice team. Being an open-plan Patient waiting area we have to be very careful not to compromise on confidentiality issues. We have recently introduced a notice which helps organise the queuing for patients to stand back from the desk when Patients are in conversation with the Reception staff. There is also a patient room which can be used if patients wish to discuss more sensitive issues. This is private and handily placed for patient convenience. This is NOT something we take for granted but have to work at all the time. All staff routinely whether permanent, part-time or**

students have to sign a confidentiality agreement before they are permitted to have any contact with either patients or medical records. The use of smartcards is also now mandatory in the Practice in order that any entries to the EMIS Web system can be properly audited should the need arise.

**Care Quality Commission Update:**

**UPDATE:**

Although we have yet to be audited formally by the CQC considerable work and preparation has been taking place over the last 12 months. I attach a recent agenda for the PPG group meeting which took place on the 11<sup>th</sup> March 2014: It was considered helpful by the PPG group that if they were to be involved with discussions instigated by the CQC some discussion and clarification of their role would be helpful.

<b>The Wand PPG Group 11<sup>th</sup> March 2014 Review Meeting</b>
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Agenda:

Role of the PPG Group where CQC is concerned inspection audit:

What is involved A possible role for you as a group	PM & PPG group
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Actions from the Patient Survey

Review actions and progress to date	PPM & PPG group
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Future Plans and Directions

On line Access: Appointments Repeat Prescriptions Website	Dr Hamilton
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Attendees:

	Florence Reehan
Apologies.....	Abdul Mukradir
Apologies.....	John Wardall
Yes.....	Jacqueline Brown
Apologies	
.....	John Tilladay
Yes	
.....	Sandra Harries
Yes	