Hall Green Surgery: Drs Chang, Heaton and Barnes

Local Patient Participation Report:
13. 02.13

Stage One-

Develop a structure that gains the view of patients and enables the practice to obtain feedback from the practice population:

- The practice meets with the Patient Participation Group on a regular basis to discuss on-going services provided. The members of the PPG are written to inviting them to a meeting and an agenda is agreed.
- The PPG is advertised within the surgery as a point of reference and contact for all patients who visit the surgery.
- There is an email address for patients to contact the PPG group which is advertised in both the surgery and the practice website.
- There is an internal mailbox in the surgery for patients to contact the PPG.
- The practice website has a direct link to all reports/ minutes and surveys that the PPG have been directly involved in.
- An email group has been set up for the practice, where patients have given their email addresses as a point of contact for newsletters ect.

Stage Two-

Agree areas of priority within the PPG:

- A meeting was held on 12th November 2012 with the PPG to discuss the questions/ issues that should be raised in the Patient Survey. A copy of the minutes for this meeting is attached to this report. (attachment 1)
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Stage Three-

Collate patient views through the use of the survey:

- The survey was circulated to the patients. A total number of 130 surveys were handed out of which 100 were received back from patients.
- The surveys were given out by hand in the surgery over a two week period and the patients were able to post their answers back confidentially into the surgery post box.
- The surveys were emailed directly to the email group.
- The survey was uploaded to the practice website for patients to complete online.
- The surveys were posted out directly to the local nursing and residential homes.
- The survey results have been attached to this report (attachment 2)

Stage Four-

Provide the PPG with opportunity to discuss survey findings and reach agreement with the PPG on changes to the services:

- A meeting was scheduled for 11 February 2013, with the PPG to discuss the survey results and agree ways implementing changes.
- The minutes of the meeting has been attached to this report (attachment 3)

Stage Five-

- An action plan based on the discussion at the PPG meeting has been agreed at the meeting
- The action plan has been attached to this report. (attachment 4)

Stage Six-

- The action Plan has been publicised on the practice website with this report.
- The full report and action plan has been publicised on the PPG notice board within the surgery.
- The full report and action plan has been emailed to the practice email group.
- The subsequent achievement will be measured and a report produced and publicised on the practice website by the 25th March 2013.

SEE BELOW FOR ATTACHMENTS

ATTACHMENT 1:

Patient Participation Group at Hall Green Surgery

Meeting 4

12th November 2012, 6 pm

Chair:	*Dr D S K Chang*		*Dr S J Barnes*
Attending:	*Barry Swift*		*Irene Norman*
	Bill Pearson		*Desmond Ebenezer*
	Patsy Colvin		
Apologies:	*Julie Haeger*	*Chris Ball*	*Linda Gavin*

Kerry Ellison has withdrawn from the group

Julie Hatton took the minutes

Dr Chang welcomed those attending and asked if the minutes of the last meeting were in order; all present agreed.

Agenda

Dr Barnes said that as agreed previously, the Patient Survey will be repeated and that this evening's meeting was to discuss suggestions for questions.

Dr Barnes told the group that the actions to address the high number of DNA's (Did Not Attend) include extending appointments available, by two per clinician per day to a fortnight in advance. This has proved popular, allowing patients more flexibility. We have also tried to contact persistent offenders by telephone prior to their appointment to remind them to attend, and the practice is trying to be stricter with offenders. See also the letter pro forma to send out to patients (neck). The DNA rate has actually dropped by 1%.

Dr Barnes circulated an anonymised complaint form. This had been filled in by an irate relative who was complaining about a patient's removal from our register. Also, Dr Barnes showed the group the list of actions taken prior to the patient's removal from our list. This was an illustration of what the doctors encounter from some patients.

Dr Barnes also said that the new newsletter will be available twice yearly, available online and as a paper format. There will be more adverts and notices in surgery informing and updating patients, and on the

website. The pedestrian crossing has been approved by the local Council, and will be possibly constructed next year.

WP asked if the positive action re: the crossing might have been because of the patients' group?

Dr Chang thought that this is probably the case, as the Council likes patient groups and takes account of their views.

Dr Barnes thought that also the support of Rosie Cooper, local MP, might have had something to do with the success of our campaign, and residents across the road have also been petitioning for a crossing. The group thought that this result was marvellous.

IN asked if DNA appointments at hospital were included in our figures. Dr Chang said no, the hospitals deal with DNA's in their way; most departments will discharge a patient back to the GP after two DNA's.

BS said that it can be true if a patient says that they have not received an appointment through the post as it has happened to him. This is one reason patients give when a hospital department discharges patients for non-attendance.

WP said that it will always be the case if something is free at the point of demand, some people will abuse that service, and the group concurred.

Dr Barnes said that now we are going to repeat the survey process and find out what important issues should be put in the questionnaire to improve services at the surgery. She read through the suggestions on the draft survey. (See attached)

Dr Barnes went on to say that the CCG (Clinical Commissioning Group) want to find out why patients are using WiC/AED (Walk-in Centre/Accident and Emergency Department) services when they could go to their own GP (General Practitioner). She asked for patient views. Also, she asked if patients are satisfied with clinical and/or other staff at the surgery; whether they are satisfied with the range of services/out of hours services/access, such as the telephone service we provide.

Dr Chang said a lot depends upon how well patients are informed. As some of the group were unaware of services currently available at the practice, he ran through a list of what is offered at the surgery. This includes: removal of lumps and bumps, IGTN's, ante- and post-natal checks, six week baby exams, ECG's (electrocardiograms or heart traces), blood tests, lung function testing, and soon, 24 hour ambulatory BP (blood pressure) monitoring.

Dr Chang also listed the main chronic disease monitoring offered to those patients for whom it is relevant. These clinics include COPD (chronic obstructive pulmonary disease), asthma, diabetes, heart disease, and stroke. Counselling is also available at the surgery by arrangement. PC suggested self-help groups, for example, for migraine sufferers, and Dr Barnes took note of this idea.

WP asked if all this information is on the website, which it is, and also in the practice leaflet, which is in the process of being updated.

BS said that he had had to take someone to the AED in Brighton; Dr Chang said that of course, this is a legitimate use of the service.

Dr Barnes said that what we want to know is why a patient on a Tuesday or Wednesday lunch-time, for example, will just ' pop-in' to the WiC with a urinary tract infection, when they could attend their own doctor.

IN said that this would be a legitimate use of the service if the doctors' surgery is closed.

DE asked what constitutes an emergency.

WP offered that, for instance, with a cut finger, a 'safe option' would be to attend the WiC, as you know that you would be seen and attended to. (The GP surgery does not offer stitching a cut finger.) WP also said that it is difficult to see the dividing line in using different services, and suggested that educating patients would be the way forward.

Dr Barnes reiterated that the proper use of services other than one's own GP is usually when the doctors' surgery is closed.

There followed a brief discussion about when patients should attend the practice, and being able to get appointments.

Dr Chang thought perhaps a list of what constitutes conditions for appointments on the day, i.e., urgent same day appointments, may be useful.

WP asked if the receptionists could decide when a condition is urgent, and Dr Barnes said definitely not, as the receptionists are not clinicians. She pointed out also that other questions that might be asked on the telephone are relevant such as which doctor treats the individual, for continuity of care. Conditions such as difficulty in breathing, drooping face and loss of grip, and chest pain, should immediately be directed to AED for emergency care. Dr Barnes said that we rely on patients to determine if they think that their problem should be deemed urgent and needs to be attended to on the same day.

Dr Barnes added that some doctors' practices do offer triage by telephone, but this is not ideal as the clinician cannot see the patient in person. Also, if the patient has telephoned the practice and then has to wait to receive a call from the GP, this possibly detracts from the service given to patients physically attending the surgery.

PC asked about NHS Direct, having found them most helpful, particularly in the middle of the night when feeling unwell.

Dr Chang informed the group that NHS Direct is being disbanded. Another service, somewhat similar, will replace it in the near future.

Getting back to the next questionnaire, Dr Barnes circulated a prototype sample for comment.

WP wondered if the WiC is under too much pressure since Ormskirk AED closed.

Dr Chang told the group that some AED have dedicated doctors who may re-direct patients to their own GP if that is the most appropriate action.

PC commented that the more you give some people, the more they want. Education should be put in place and firmness the order of the day!

Dr Barnes agreed.

BS said that he thought that patients cannot be blamed for going elsewhere, but Dr Barnes said that in the partners' opinion, there is a definite 'pop-in' culture, more than convenient to the patients, but not necessarily appropriate.

BS disagrees; attending the WiC can take two hours or more, so going there is not undertaken lightly.

Dr Barnes said that this is why we need to find out and why we need to ask patients what they think.

PC asked that is it all down to money and directed by the CCG?

Dr Chang said indeed; doctors are paid a basic amount whether they see ten or fifteen patients in a session, so the CCG want the GP's to 'soak up' everything and close down the WiC to save money.

PC made the point that for Upholland residents, hospitals are so far away that there is no AED service less than forty minutes by car.

BS thinks that there is a certain political climate set to dismantle the NHS, and Dr Chang agreed.

PC said that we were to have had a hospital built in Skelmersdale in the seventies which never came about.

WP said that this was because the anticipated population of 80,000 only achieved 30,000. He also said that on the questionnaire, could there be more space to write individual comments.

BS asked was the 'minor injuries' unit still available in Ormskirk; Dr Chang believes so.

WP wonders why the WiC is so overwhelmed if this is correct. Other services are miles away and not easy to reach, especially with the volume of traffic nowadays.

IN pointed out that if a person requires ambulance transport in an emergency, the crew do not give a choice of hospital in a 'blue light' situation.

The discussion turned to access to other services such as access to blood tests and chiropody. Patients attend the WiC for blood tests for convenience, as they can go very early in the morning, which they cannot do here. Our phlebotomist only comes at 11 am. The chiropody service moved from Hall Green Clinic to the WiC, but we are not sure if it is still based there.

Dr Chang asked if there was anything else to discuss from the last meeting.

BS asked about government reforms.

Dr Chang said that as from April 2013, the current PCT's (Primary Care Trusts) will be disbanded. In their place will be CCG's. We are part of West Lancs CCG, which has a Board of Executives comprising six GP's. These GP's now practise medicine in a part time capacity and work three days as CCG managers. There are two nurses, two lay persons and one hospital consultant making up the rest of the Board.

BS said that it had been brought up last time about the effect this would have on patients and the practice.

Dr Chang said that the government want more effective use of money and thus do things somewhat differently.

BS commented that this means privatising certain areas and that this is all very political.

Dr Barnes said that it is to be hoped that it will help the surgery, and therefore the patients.

Dr Chang said that our services will remain the same and that 'Any Qualified Practitioner' may provide services in hospital.

IN asked if the WLCCG connect with, for instance, North Sefton CCG? She gave an illustration of two patients next to each other in hospital in Southport; one patient was offered follow up service at home, but the other wasn't (the West Lancs patient).

Dr Chang said that each CCG can commission services (as the PCT does currently). Follow up from hospital is a good use of resources, so that may well be accessed for individuals.

DE asked if the pot of money from the CCG will be the same as allocated by the PCT.

Dr Chang does not know if that has yet been agreed, as he is not on the Executive Board. He attends meetings every month. If the GP practices opt out of the CCG, a firm like Virgin may take over. Dr Chang says that care must be equitable and integrated and Virgin and the like would not guarantee that, certainly.

BS said that there is no equality in the Health Service.

PC thinks that managers should be doctors who know what work doctors do, and WP agreed.

Dr Barnes drew the group together to round up that the questionnaire will be devised which will be simple and basic; results will go to the group and then discussed at the next meeting.

DE asked if the questionnaires will be online. Dr Chang said yes, and also paper copies to give out in the surgery.

Dr Chang thanked everyone for attending and closed the meeting at 7 pm.

ATTACHMENT 2:

RESULTS

HALL GREEN SURGERY PATIENT SURVEY 2012/13

Appointments:

1. **If you were unable to get an appointment or the appointment you were offered wasn't convenient what did you do on that occasion: Please Tick which of the following statements apply:**

- ☐ Went to the appointment I was offered :28
- ☐ Got an appointment for a different day : 20
- ☐ Had a consultation over the phone : 2
- ☐ Went to A/E : 0
- ☐ Went to a walk in centre : 4
- ☐ Saw a pharmacist: 0
- ☐ Waited and saw out of hours GP : 0
- ☐ Contacted NHS Direct: 0
- ☐ Decided to contact my surgery another time : 4
- ☐ Didn't see or speak to anyone : 0

COMMENTS RECEIVED:

'phoned the next day as no appointments available in the next 7 days''

External Services:

1. **When you saw a clinician/advisor <u>other</u> than your GP were you:**

- ☐ Satisfied with the outcome : 40
- ☐ Unsatisfied with the outcome and saw your GP : 4
- ☐ Advised by the clinician to see your GP : 4
- ☐ Advised by the clinician it was inappropriate use of service : 0
- ☐ Other……

2. **Do you know how to contact an out-of-hours GP service when the surgery was closed:**

- ☐ Yes : 48
- ☐ No : 14

3. **In the past 6 months have you used an out of hours GP service when the surgery was closed:**

- ☐ Yes : 6
- ☐ No : 46

4. **For what reason did you call an Out of Hours GP?**

- *' For my husband who had been ill for over 1 week he was admitted to hospital right away with a punctured bowel,*
- *daughter asthma,*
- *daughter had kidney infection,*
- *son was ill (ear infection) was asked to go to ormskirk hospital walk in centre to see a gp*

5. **In the past 6 months have you attended a Walk-in Centre?**

- Yes : 16
- No : 32

6. **For what reason did you attend the Walk-in-Centre?**
   - *Blood Test*
   - *daughter asthma medication had run out as she had been waiting for appointment for renewal of medication*
   - *Blood test*
   - *can't remember*
   - *couldn't get appointment quick enough*
   - *blood test,*
   - *son was ill rang ooh gp*
   - *blood test*
   - *blood test*
   - *pain control*
   - *blood test*

7. **What other reason would you consider using either an Out-of-Hours Service or Walk in Centre for: Please list :**
   - *'Blood tests-when no appointment available'*
   - *'Only if our own GP wasn't available'*
   - *'needing medical treatment but unable to get appointment,*
   - *If I could not wait to see my GP*
   - *if unable to see doctor,*
   - *don't like using walk in centres because you only see nurses,*
   - *would not use walk In centre,*
   - *medical advice or assistance for my children if deemed necessary,*
   - *would only use in emergency as I think doctors have enough to do,*
   - *sports injury,*
   - *in an emergency,*
   - *emergency if surgery closed,*
   - *emergency,*
   - *minor injury out of surgery hours,*
   - *gp surgery was shut or minor illness,*
   - *urgent requirement for medical attention,*
   - *taking my mother for blood tests,*
   - *sons eye infection,*
   - *unforeseen illness,*
   - *minor accidents*

<u>Alternative Services:</u>

1. **Is there any services not offered at this surgery that you feel would be useful to offer our patients? Please list:**

- *As I work all week and very often not close to the surgery*
- *a Saturday morning would be an advantage*
- *counselling,*
- *eye health check*
- *regular blood pressure taking*

Would use use a self- help group?

- Yes: 13
- No : 43

2. **If 'yes': Which self- help group would you use?**

- *How do I find out which groups are available,*
- *counselling,*
- *weight loss,*
- *stress relief or stress coping techniques,*
- *smoking cessation,*
- *any that was applicable to myself/family*

Appointment Access:

Appointment access has been continually reviewed and altered over the last 12 months in accordance to results of our last survey. With this in mind please answer the following questions:

1. **Has the access to appointments :**

- Improved : 11
- Stayed the same : 38
- Become worse : 4

2. **Are you aware that you can now book your appointments online? Please tick the relevant answer**:

- No I wasn't aware of this service : 32
- Yes I am aware but I don't want to use this service, Please put your reason why : 6
- *Do not have laptop,*
- *don't use internet,*
- *I don't have a computer,*
- *no computer,*
- *no appointment available on every occasion I have tried to use the service,*
- Yes I now use this service : 8

3. **Have you any ideas that you think may improve access to appointments at this surgery?**

Please list Below:

- *We do try to use this system but find no appointments were available,*
- *option to phone daily for cancellation,*

- *booking appointments in 2 week period, have access to book appointments longer in advance not only 7 days beforehand,*
- *frustrating when work full time but cant get appt, out of my working hours always taken, don't like using urgent appt (same day) but v often no alternative,*
- *I want to be able to speak to my doctor on the phone,*
- *book of in advance more than one week,*
- *telephone appointments because sometimes I just want to ask my dr a question and I don't need to see him to do that,*
- *it is much better staff are friendly*
- *I would like to be able to ring my doctor at a certain time in the day and be able to ask him a question*
- *The staff are very helpful and friendly but sometimes I would prefer to speak directly to my doctor , can't they make themselves available on the phone.*

Any other comments/suggestions:

- *I don't think the appointment system where ringing from 8;30am for the following week works,*
- *everything satisfactory*
- *I think the staff are very helpful and they have a hard job, but I don't really want to talk about my problems to them, why can't I speak to my doctor when I want to , I can speak to my bank manager!!!*
- *if I request antibiotics on a Friday I have to wait until the Monday to get my prescription,*
- *yes allow appointments to be made more than one week in advance,*
- *I rarely visit the surgery and have always been satisfied with the service ,*
- *telephone appointment to discuss something that doesn't necessitate my dr seeing me,*
- *I want the choice of speaking to my dr or seeing my dr sometimes it's difficult to get to the surgery but my problem doesn't warrant a visit,*
- *telephone contact with my gp,*
- *walk in clinic with a duty dr would work better than urgent appointments,*
- *sit and wait clinics,*
- *I want to be able to speak to my doctor not a receptionist and let them decide if I need seeing,*
- *I can't ring first thing in a morning and when I can ring all the appointments are gone.*
- *Would like a counselling service offered*
- *on the whole I am satisfied with the appointment system especially as it is backed up by an emergency doctor. Sometimes you have to wait a week to see a specific doctor.*

Thank you very much for completing our survey. Your opinions are important to us.

ATTACHMENT 3:

PATIENT PARTICIPATION GROUP, MEETING 5, MINUTES

6 pm Monday, 11th February 2013

Meeting led by Dr S G Heaton and Dr S J Barnes

Attending: Mr Bill Pearson, Mrs Linda Gavin, Mr Desmond Ebenezer, Mr Chris Ball, Mrs Patsy Colvin

Apologies: Mrs Irene Norman, Mrs Julie Haeger, Mr Barry Swift

Minutes taken by Julie Hatton

Dr Barnes opened the meeting saying that tonight we would look at the results and plans from the Patient Survey. What did the group think of the survey, and how did the group think that the doctors could plan to adapt to some of the suggestions.

DE asked how many participants had responded. Dr Barnes said that of 140+ questionnaires distributed, over the desk or by email, there were 100 responses. Not each of those hundred people answered each question, but the general idea of the way people thought of the service was carried across. Dr Heaton commented that often people will respond to bad service while saying nothing about good service.

BP wondered if some patients do not understand what the Walk-in Centres are for, looking at the number of people who attend there instead of coming to their GP.

Dr Heaton said that it is apparent that if a service is introduced/expanded, the workload expands accordingly, e.g., a patient had attended a WiC for 'rubbing shoes,' obviously an inappropriate use of service.

BP suggests a leaflet for patients about that that service is actually for. Dr Barnes added that the statistics are somewhat skewed as patients attend for blood tests at the WiC, which is appropriate, but not for the purposes of this session.

Dr Heaton said that now the GP's receive lists asking why there are so many attendees at the WiC's instead of coming to see their own doctors, and the doctors having to justify patients reasons for going to the WiC's.

PC thinks that this should be the responsibility of the WiC staff, not wasting valuable GP time. Dr Heaton said that this is the plan of the practice to find out for what/why patients visit WiC's.

Dr Barnes moved on to why so many patients did not know how to access Out of Hours services. LG said that if someone never has to visit a GP they may not have the information to hand, and WP agreed.

DE asked where patients get sent to when they contact OOH? Dr Barnes responded that patients at this surgery are directed to Ormskirk Hospital where the OOH service is based now (it used to be Skelmersdale WiC). WP said that he thinks that the OOH system works, and CB agreed 100%.

LG asked if NHSDirect is still available. Dr Heaton explained that 111 is the new service to take over 24 hours a day, seven days a week from 21st March. Advertising is already in place and after Easter, the public will see the full launch of the service, actually run by the NHS. They will be able to triage and to direct people to helplines.

Dr Heaton said that people are still booking urgent GP appointments, on the day, for trivial symptoms; how do we get round that? He also made a comment that some patients want to see a doctor at their convenience; common sense should prevail.

Dr Barnes said that at this practice the partners are considering a possible alteration in services. She went over some suggestions from the survey.

Extended opening, e.g., Saturday mornings; has been tried in the past and there was not much take-up. Those appointments were used inappropriately that were used, such as one patient with dandruff and one with acne, which is not what a weekend GP appointment is for. He said that he thinks 99% patients can get into surgery between the hours offered at present.

Dr Barnes said that other suggestions are already covered, such as eye checks, by local opticians; BP checks by the Sister or Health Care Assistant. Patients can book in for a 'Well Person' check at any time with either of those two clinicians at their convenience.

PC asked how Well Woman or Well Man clinics would be organised. Dr B did say that we could advertise 'Well Person' clinics in the surgery to attract opportunistic patients.

Dr Heaton commented that patients attending for established chronic disease management already have these checks covered when attending for review. DE wonders how to get the message across to people. Dr Heaton said perhaps we could target people collecting prescriptions for relatives who pop in to the surgery and then see the advert may spread the information by word of mouth. He also said that people have to be responsible for their own health and that there are enough advertisements telling the nation how bad smoking/eating too much/too much alcohol is for you.

Dr Barnes said that there was an idea to speak to the dietician and the mental health worker about group therapy, and also about self-help groups for quitting smoking which could be targeted when Sister does her stop smoking clinics. The latter could be run by the group with a room provided by the surgery, without a clinician present to give support to each other. LG and PC thought this a good idea.

Dr Barnes moved on to the question about access to appointments, and that it is apparently no worse. Disappointingly, a large number of people appear to be unaware of the booking online service, although there are plenty of advertisements in the reception waiting area.

BP asked what time the online appointment service opens and Dr Heaton replied 6 am. He also said that there are enough appointments for everyone, but how we get the patients in the slots is another question. How do you tell a patient who has booked a 'PSU' for a trivial complaint, that it is NOT an EMERGENCY??

DR Barnes said after looking at the rest of the responses, how we might improve the service. Telephone consultations may be 'trialed ' after research. The patient could speak with their doctor and save a face to face appointment. This may not be appropriate for all, and some patients may still wish for face to face consultations. Dr Heaton said that he would not want to waste time on the telephone if it is a query a secretary can deal with. Nor does he want to spend minutes on the telephone and then have to say to the patient, that he/she will have to book a face to face appointment in any event. This need s careful thought and some patients will not speak about their complaints other than to a clinician, although both doctors reinforced that all staff at the surgery are bound by data confidentiality and Caldicott Protocol as

are the clinicians. When booking a telephone consultation, a patient would have to be prepared to divulge a little of what they wish to discuss with a doctor before being given an appointment for this.

Dr Barnes said that she has been discussing this idea with a colleague at a surgery in West Lancs which is a training practice and has very high standards. This practice uses telephone consultations a lot and finds them effective. Dr Barnes is not suggesting that telephone consultations to take over ,but they can be an effective tool. They would not replace appointments already in place, but the time slots could be adjusted as two patients could be advised in the time one face to face consultation takes now. Further discussion took place as people spoke either in favour or not.

Dr Barnes said that she was prepared to look into the matter further and trial it. Patients would need to be educated that staff at the surgery are experienced enough and have sufficient training to determine whether a telephone appointment is appropriate or not and that all confidentiality issues are adhered to. Also, patients would have more choice than at present, the GP's could work more effectively,, and will discuss further with all the doctors at the practice.

To conclude, Dr Barnes summarised the plans from the evening's discussion, told the group that a report would be drawn up, minutes from tonight will be sent out and a sixth meeting of the PPG will be arranged in June, date to be decided.

She also said that now the time has come that the PPG could set their own agenda and asked that members speak to others for suggestions. Everyone who attended was thanked and the meeting closed at 7:15 pm.

jlh 12th February 2013

ATTACHMENT 4:

PATIENT PARTICIPATION ACTION PLAN

Following a patient survey and the subsequent PPG meeting that was held to discuss the findings of the survey, the following plan was agreed by the PPG members and HGS clinicians as a course of action towards improving patient services at Hall Green Surgery.

1. *In line with the launch of the new 111 service and to inform patients of their Out of Hours service, HGS will promote the service via :*
    - *Practice Website*
    - *Direct Mailing of e-mail group*
    - *Adding as an alert to all patient letters sent from practice*
    - *A text advert on patient prescriptions*
    - *An update to in house advertising on the promotions notice board*
2. *In order to prevent possible inappropriate use of WIC/ A&E the practice will advertise in-house and online a Well-Woman/Man Clinic*
3. *The practice will make enquiries with the Locum Dietician and Mental Health Worker as to the feasibility of initiating a 'Self Help Group' and offering the use of a room at the surgery for further meetings.*
4. *The practice will make enquires with their Practice Nurse to the feasibility of initiating a Self Help Stop Smoking Group and offering the use of a room at the surgery for further meetings.*
5. *The practice will be reviewing the possibilities of increasing telephone appointment/triage for patients. The service will need to first undergo a Clinical Risk assessment by the surgery clinicians and a pilot may be trialled based on the results of this assessment.*
6. *In order to measure the action plan an audit of the Well- Woman/Man appointments following the campaign will be publicised and a register of any new services promoted on both online and in house advertising boards. If new services commenced then the practice would gain feedback from patients using the services.*