

PATIENT PARTICIPATION DIRECTED ENHANCED SERVICES

Practice P Code	P81084
Practice Name and Address	HALL GREEN SURGERY, 164 ORMSKIRK ROAD, WN8 0AB
Contact	MARIA LAWTON
Telephone Number	01695 622268

Practice to confirm the practice has an open list from 1 st April 2013 to 31 March 2014	YES
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Component 1:

Practice Population Profile	
Please demonstrate how the PPG is representative by providing information on the practice profile which could include age, sex, ethnicity, levels of unemployment, numbers of carers and working patterns of patients	
AGE	MALE FEMALE
00-09	351 326
10-19	358 368
20-29	363 301
30-39	335 341
40-49	594 539
50-59	502 486
60-69	476 472
70-79	366 426
80-89	146 220
90-99	24 47
100+	0 2

PPG Profile

Please demonstrate how the PPG is representative of the practice profile by providing information on the PPG profile: *The PPG profile is on a whole representative of the practice profile and represents male, female, working, retired, professional, carer, parent, and ethnic minority, but recognises certain bands are not covered therefore the practice and the group are actively advertising and recruiting. The bands we feel are not adequately covered are Patients resident in Nursing Homes. The practice and the PPG developed a Recruiting Protocol for the PPG :*

Hall Green Surgery

Protocol for Recruitment of Patient Participation Group Members

Overview:

The practice must develop a properly constituted structure that both reflects and gains the views of its registered patients and enables the practice to obtain feedback from a cross section of the practice population which is as representative as possible.

The initial recruitment drive was advertised via the Practice Website, and Internal Posters. The first group of members were chosen from a number of applicants by the practice GP's and Practice Manager. The selection process was undertaken after a population audit was studied in order to understand the practice profile which included sex, ethnicity, age, social factors, health status factors, employment status, carers, and minority groups.

The members were then chosen to reflect each group as fairly as possible. It was highlighted at this initial selection that residential and care home patients did not have a representative in the applicants so a direct mail shot to all the registered homes was sent.

The group initially had a fair representation but numbers of members have lessened slightly and the group are now looking to re-recruit.

The group have advertised internally in the practice and on receipt of interested applicants details, the group and the supporting admin team at the practice will follow the PPG Recruitment protocol.

Applicability:

The policy applies to all members of the Patient Participation Group, employees and partners of the practice.

Policy:

The terms of the policy are:

1. On receipt of an application the practice staff will request contact details and ensure they have permission to pass the details on to the PPG.
2. The contact details of the applicant will be forwarded to a nominated PPG member.

3. The admin support will ensure the new applicant is invited to the next PPG meeting.
4. Whilst the PPG are actively recruiting, all applicants will be invited to join the PPG, until the group is considered to have enough members to support the practice population.
5. Should a large number of applicants be received at any one time the PPG will select the applicants that reflect any group highlighted by the population audit that is not or poorly represented.
6. The PPG are responsible for the recruitment of new members and must at all times display a fair recruitment process.
7. If the PPG choose to not select any one applicant at any time this should be discussed at a meeting and the reasons recorded in the minutes.
8. If any person is unsuccessful at any time in their application to join the PPG, they will be written to by the admin team.
9. Prior to closing recruitment the PPG must agree what would be a suitable amount of members to represent the group.
10. Once a person is successfully recruited onto the PPG they will then be included in PPG correspondence eg emailing list.
11. Following successful recruitment the PPG should provide a report that illustrates the Patient Participation Group Profile. This report should be used to highlight any groups within the patient population that are not represented and efforts should then be made to recruit from these groups using direct mailing systems.
12. All Direct Recruitment Mailing to patients will be done by the practice admin team in line with confidentiality.

Differences between the practice population and members of the PPG

Please describe what efforts the practice has made to reach any groups not represented:

The PPG has a dedicated news board within the practice where an advertisement is displayed for patients to join the PPG Group. Our PPG Group have to date held 3 open day meetings in the local library of which was advertised in local public buildings. The group met patients, discussed their views, advertised recruitment and fed back to the practice.

The PPG is advertised on our website and actively advertises recruitment.

Component 2:

Priorities
<p>Please confirm the range of areas which were included in the survey</p> <ul style="list-style-type: none">• Patient Awareness of Practice Services• Additional Services that patients feel they would benefit from• Self Help Groups patients felt they may benefit from• Patient awareness and confidence in reception staff/caldicutt guardian• Open Suggestions from patients
<p>Was there engagement with patients outside of the PPG when developing the range of areas and if so, how was this undertaken:</p> <p><i>Prior to the design of the survey the PPG met with patients on 2 separate occasions to collect the views of the patients. The PPG then met with our GPs to discuss the issues. In response a survey was designed (see attached 1) and passed to 100 patients over a period of 4 months.</i></p>
<p>Were the priorities agreed by the PPG and if so, please provide evidence i.e. minutes or email (please embed evidence into this form):</p> <p>The priorities were agreed at a PPG meeting: Patient Participation Group Meeting 23rd September 2013 Minutes</p> <p>☑ In attendance: Dr Chang, Dr Barnes, Bill Pearson, Linda Gavin, Irene Norman and Maria Lawton.</p> <p>☑ Bill Pearson and Irene Norman reported on the Meet the Patients Day. The day was arranged by several members of the PPG and advertised in the library, local newspaper, nursing home, chemist and Hall Green reception. The attendance was fair and although comments received were positive with regard to the service received from the GP's a number of patients expressed concerns about availability of appointments, frustrations at repeated efforts to book an appointment, impersonal feel of the practice, the calling system not being effective within reception and several other issues each of which were addressed within this PPG meeting.</p> <p>☑ The general consensus from PPG representatives was this was a worthwhile exercise, received favourably by the attending patients and one that will be repeated in the future. It was noted that patients liked the fact that they could express their concerns with a fellow patient rather than someone directly connected with the practice.</p> <p>☑ The points raised from the meeting were as follows:</p> <p>Appointments: This was raised by several patients and it was generally agreed that whilst this subject always seems to be at the forefront of patients complaints it is a difficult one to tackle. The PPG had hoped for a few more suggestions from other patients on how they would tackle the problem. Telephone Triage was discussed as an option, the concerns through lack of face-to-face consultations was raised and discussed. The GP's were asked if it was entirely necessary to see the same GP all the time. Continuity of Care was explained and also the reception procedure of asking a patient if it was a new problem would they be prepared to see another GP. Dr Barnes pointed out that potentially one of the problems we have is patient's reluctance to discuss problems openly with reception staff. Whilst this isn't triage, it is a way of reducing some unnecessary appointments eg enquiries about medical insurance can go through the secretaries. The group generally agreed that if patients were more confident in discussing things with reception staff appointments may be allocated more appropriately.</p> <p>Dr Barnes explained that all the staff are governed by the Caldicutt Guardian where a patients confidentiality is paramount. It was agreed that patient education on 'reception staff' may be a way forward in improving</p>

appointment availability. This subject will be put forward in the Patient Survey.

There was a question as to how far in advance a patient could book an appointment giving the example of a GP advising a patient to return in 6 weeks. Dr Chang explained if an appointment was given so far in advance the likelihood of a DNA was more probable. ML explained the process of actually putting appointments onto the computer system in the fact that with the amount of clinicians the practice has it is only practical to put a month on in advance. SJB stated that the more appointments given in advance, the less we have to offer closer to the date.

It was asked if the opening of appointments could be reviewed. Presently all appointments open to the public from 6am on the website and 8:30am on the phones so by very early on in the morning all the appointments are gone. It was agreed the GPs would discuss this again at their next meeting and report back to the PPG. There was a question with comparisons on GP/Patient ratio, SJB explained there is a standard and it is dependent on F/T and P/T GP's and the sessions they do.

Impersonal Service: Several areas were covered here: a patient had complained they didn't even know the practice managers name, a suggestion of name badges, and the chairs facing away from the desk. It was acknowledged that dispelling the 'myth' around the staff at the surgery, personalising the service may assist towards a patients trust and well being when communicating their problems with patients. ML explained that staff previously did have name badges but these were removed after an experience of abusive telephone calls was received. It was agreed that a display in reception with Staff Information would be helpful.

Calling System: The calling system was reported as being too quiet and patients were finding it necessary to stare at the monitor all the time waiting for their names show. ML explained that for the last 2 weeks we have had a lot of problems with the calling system, this is a technical problem and hopefully resolved, previously a radio station was played through the system, this has now been removed to the back of reception and the volume of the 'ping' on the calling system increased. ML said she would try to increase the volume more to assist patients with hearing problems.

Blood Register: The GP's were asked if a register was held for patients who required repeat blood tests. SJB explained it was dependent on the tests required and whilst the group agreed that there should be a certain level of patient responsibility the procedure regarding Diabetes Registers and recall was explained.

PPG: Where the group and how the group was going to move forward was discussed. DSKC explained that whilst the GP's started the group they would hope with the existing members that the PPG would drive forward themselves now. The group was recognised for their work and contribution to date and it was agreed it was a very positive part of the practice and would continue to be supported. It was confirmed that a recruitment drive should take place to increase the PPG numbers and a selection process must be fair and representative of the patient population. It was generally discussed there may be possibilities of PPG leading self-help groups of which DSKC confirmed the practice would provide clinical support for. It was agreed that a room would be made available for the PPG if required.

SURVEY: The format of the annual survey was discussed and the following items were agreed to be included:

- 1. Would patients be interested in self-help groups?**
- 2. If Yes, which groups?**
- 3. Are patients aware of all the services available in the practice**
- 4. Communication with receptionist: alongside a short explanation of why we are asking this: are patient's comfortable discussing issues with staff?**
- 5. An open question requesting suggestions on improving appointment access.**

CLOSURE: It was agreed that:

1. The minutes and the patient survey would be forwarded to the PPG.
2. The volume on the calling system would be raised
3. A who's who of staff would be available in reception
4. A recruitment drive will be publicised in the surgery for the PPG
5. The GP's would meet internally to discuss revising booking of appointments and report back to the PPG.
6. The results of the patient survey would be forwarded to the PPG
7. The next meeting date would be forwarded to all parties and the agenda would be to discuss the survey results
8. The PPG would arrange another open day for patients following the practice PPG meeting.

ML/23.9.13

Component 3:

Patient Views

Please describe the method of survey undertaken, how it was cascaded and how many were cascaded (Please note the survey should be cascaded wider than the PPG) *The survey passed to 100 patients over a period of 4 months. The survey was attached to the website for patients to respond to.*

Please embed a copy of the survey:

Hall Green Surgery Survey

In order to try and improve the services at Hall Green Surgery, your Patient Participation Group (PPG) have met with the GP's at the practice and discussed several issues raised at the PPG Open Meeting held at the library. In response to the discussion this survey has been designed to enable patients to have a say in the services provided. The results of the survey will be presented back to the PPG Group, posted on our practice website and displayed within the reception area of the surgery.

Offered Services

There are a variety of services offered within your GP practice. Besides routine appointments with your GP can you please tick the other services you were previously aware of?

- URGENT ON THE DAY APPOINTMENTS
- MINOR SURGERY APPOINTMENTS
- ANTE/ POST NATAL APPOINTMENTS
- 6-8 WEEK BABY CHECKS
- WELL WOMAN/MAN APPOINTMENTS
- 24 HOUR BLOOD PRESSURE MONITORING CHECKS
- ECG CHECKS
- PHLEBOTOMY (BLOOD TESTS)
- SPIROMETRY CHECKS
- LOCUM DIETICIAN APPOINTMENTS

Are there any other 'Services' that you would like available within your GP practice? (Please list)

Would you be interested in attending a Self-Help Group at this practice?

- YES
- NO

What sort of Self Help Group or service would you like available at this practice?

Please list)

During the meeting with the PPG it was debated whether or not patients had confidence in discussing details regarding their requirements with reception staff. It was felt that if patients were less reluctant to discuss details with staff that a more appropriate consultation/ appointment/ system of message taking could be offered to the patient thus possibly freeing up routine appointments.

Examples of this would be

1. *'A patient saw their GP in order to get a Medical Insurance form completed. If the patient had explained to staff the reason for the requested appointment they would have been advised that an appointment in that instance wasn't necessary as the Medical Secretary could have taken the details and had the paperwork signed for them'*
2. *'A patient requested an appointment with their GP to discuss the results of a hospital x-ray. The patient attended the appointment but the x-ray result had not been received by the practice and the patient had to reschedule at a later date. If the patient had told staff the reason for the appointment, the secretary could have checked to see if the x-ray report had been received and advised the patient accordingly and an appointment wouldn't have been wasted.'*

Are you personally comfortable discussing issues in detail with Reception Staff?

Yes

No

If 'No', why not?

Are you aware that in line with the Caldicott Guardian all of our staff have signed a confidentiality clause within their contracts which means they cannot discuss your personal or medical records with anyone not employed by the practice? Yes No

Do you have any suggestions/ ideas that would improve your access/ appointments availability to your GP? Please list:

THANK YOU FOR COMPLETING OUR SURVEY

Copy of the analysis undertaken by the practice

SURVEY RESULTS:

Hall Green Surgery Survey

In order to try and improve the services at Hall Green Surgery, your Patient

Participation Group (PPG) have met with the GP's at the practice and discussed several issues raised at the PPG Open Meeting held at the library. In response to the discussion this survey has been designed to enable patients to have a say in the services provided. The results of the survey will be presented back to the PPG Group, posted on our practice website and displayed within the reception area of the surgery.

Offered Services

There are a variety of services offered within your GP practice. Besides routine appointments with your GP can you please tick the other services you were previously aware of?

- URGENT ON THE DAY APPOINTMENTS: 34 patients
- MINOR SURGERY APPOINTMENTS: 19 patients
- ANTE/ POST NATAL APPOINTMENTS: 4 patients
- 6-8 WEEK BABY CHECKS: 5 patients
- WELL WOMAN/MAN APPOINTMENTS: 45 patients
- 24 HOUR BLOOD PRESSURE MONITORING CHECKS: 3 patients
- ECG CHECKS: 7 patients
- PHLEBOTOMY (BLOOD TESTS): 48 patients
- SPIROMETRY CHECKS: 2 patients
- LOCUM DIETICIAN APPOINTMENTS: 3 patients

Are there any other 'Services' that you would like available within your GP practice? Patients suggestions listed below: 18 patients said NO

'Healthy Eating/Good Choice Recipes/ Sharing Ideas/ Weight Loss/ Pain Management'

'Evening or weekend surgeries'

'Any on offer'

' Physiotherapy Clinic'

Stop Smoking Support

Evening or weekend surgeries

Any on offer

Physiotherapy Clinic

Smoking Services

Would you be interested in attending a Self-Help Group at this practice?

- YES: 26 patients
- NO: 37 patients
- Maybe: 1 patient

What sort of Self Help Group or service would you like available at this practice? (Please list)

Patients comments:

Arthritis care/lifestyle/diet

Being Aware of your health

Help with self-esteem/ confidence

Weight Loss

*If a medical condition develops/ becomes relevant
Any on offer Diet ect*

During the meeting with the PPG it was debated whether or not patients had confidence in discussing details regarding their requirements with reception staff. It was felt that if patients were less reluctant to discuss details with staff that a more appropriate consultation/ appointment/ system of message taking could be offered to the patient thus possibly freeing up routine appointments.

Examples of this would be

1. *'A patient saw their GP in order to get a Medical Insurance form completed. If the patient had explained to staff the reason for the requested appointment they would have been advised that an appointment in that instance wasn't necessary as the Medical Secretary could have taken the details and had the paperwork signed for them'*
2. *'A patient requested an appointment with their GP to discuss the results of a hospital x-ray. The patient attended the appointment but the x-ray result had not been received by the practice and the patient had to reschedule at a later date. If the patient had told staff the reason for the appointment, the secretary could have checked to see if the x-ray report had been received and advised the patient accordingly and an appointment wouldn't have been wasted.*

Are you personally comfortable discussing issues in detail with Reception Staff?

Yes 39 patients

No 53 patients

If 'No', why not?

Patient Comments:

Not Clinical staff

Don't want other patients in the room overhearing private problems, would discuss it if no other patients nearby

Feel that some things should only be discussed with doctors-data protection issues

Everyone in waiting room can hear –even if by the phone they hear half of it

How would I know it was confidential and in any case it would be overheard by others

Privacy and lack of medical knowledge

Yes provided that the issue is not medical/personal

In depends on the nature of the issue but on the whole yes

No, Confidentiality

Depends on the issue

Confidentiality. Private

Yes if the waiting room is empty

No if there are people waiting who could hear our conversation

Some are very rude and unhelpful

No the waiting room is open plan and there is no background music all the other people can hear your business

Are you aware that in line with the Caldicutt Guardian all of our staff have signed a confidentiality clause within their contracts which means they cannot discuss your personal or medical records with anyone not employed by the practice? Yes 25 patients No 43 patients

Do you have any suggestions/ ideas that would improve your access/ appointments availability to your GP? Please list:

Patient Comments

Very happy, sometimes can't get appointment so soon as I'd like-but I'm generally very satisfied

Yes as someone who works in London all week, early Monday-Late Friday-weekend appointments would save risking myself (speeding) or losing a day's pay

At times one needs to speak to GP but is unable to do so. Maybe this could be made available at the receptionist discretion.

Not if it concerns whether an appointment is urgent or not

Quicker appointments for normal GP visits to see a doctor (one of the practice) without waiting a week or more

Appointments earlier in the day for people who work eg from 7:30 on certain days I do not like my name appearing on the screen for all to see.

Do away with the absurd procedure whereby appointments can only be made 7 days in advance-it is 2013!

Design questionnaires that can be understood and answered by any patient-this one is a mess

Difficult to book non urgent appointments sometimes have to ring back, rather than being able to book well in advance eg when GP says come back in 2 weeks you cant make that appointment straight away

After death of a loved one there is not much support and you can be very depressed

Reception staff to be more polite and helpful.

Appointments are a pain to book in advance.

I would like to see later opening so working people can attend after office hours.

Weekend appointments would be useful too.

Component 4:

Survey Outcome

Please describe how the outcome of the survey was discussed with the PPG (please embed copy minutes or email)

The practice manager met with the PPG on Monday 3rd March 2014 to discuss the outcome of the Patient Survey and the subsequent action the practice would be taking. Minutes attached:

PPG MEETING 3rd MARCH 2014

Minutes

Attending: Bill Pearson, Desmond Ebenezer, Irene Norman, Patsy Colvin, Maria Lawton

Apologies: Julie Haeger, Linda Gavin

Following on from the PPG 'Meet the Public' meeting on Saturday 11 January 2014 a number of topics were discussed:

- **Computer Appointment System doesn't always work:** ML advised the group that there was previously a problem with the appointment online booking system and felt this was mainly down to the fact that the system is still relatively new and the practice staff were in the learning process with regard to programming appointments and online registrations. The appointment system the practice ran previously was extremely complicated and ML thought this contributed to the issues. Hopefully with the changes in the appointment system we would see less problems booking appointments online. ML did note that there is always the problem of patients using the system on their home pc's and without actually sitting with them technical issues were difficult to resolve remotely.
- **Ordering prescriptions on-line items omitted twice:** Difficult to comment unless a specific patient/medication was highlighted although BP said he found the system to be good. A general discussion regarding ETP (Electronic Transfer Prescriptions) and chemists followed. ML doesn't think that ETPs will be rolled out until the end of the year whilst chemists are being very proactive in enlisting patients, local GPs are not.
- **Other surgeries have access to blood test results on-line:** ML advised the group that the aim is that all patients will have the ability to view their own Medical Records online in 2015. Presently the practice is running a trial and a selection of patients has been chosen from a secondary care drug monitoring list to access their records online. These patients were chosen as they require constant monitoring of their blood results and the GPs thought access to their records would be advantageous. ML advised that any patient who wanted access to their records would need to complete a questionnaire and based on their answers (ie they weren't the sort of patient who would unnecessarily worry) they would be allowed access to their medical records. BP thought this was a good idea and expressed he would find it advantageous. DE mentioned a slight concern over internet security with regard to records being online. At this point care.data was discussed and it was consensually agreed that patients hadn't received enough information at the correct time. ML agreed with DE's concerns with the way the care.data information had been rolled out to patients and the subsequent use of the data. However most of the group didn't see a problem with the use of their data in the assistance of medical research. ML advised that the practice were unable to opt out due to regulations however patients who wanted to opt out were able to contact the practice.
- **Why not turn up with booking ahead and turn up on the day:** This item although wasn't discussed on its own was covered in the general discussion regarding appointments.
- **For appointment booking : telephone queuing system:** ML explained this question had been put to the patients a number of years ago however the majority of vote was towards a non-auto system as we

generally have a large elderly population who prefer to deal with a person rather than an auto message. PC said that it was helpful to know whereabouts you were in a waiting list and/ or an estimate of how long you would be holding for. ML explained that whilst this was helpful emergency calls would not be dealt with appropriately in this system. The length of time it takes our staff to answer a call has been reviewed through the survey/ patient access and ML hopes that the changes the practice has made will show a vast improvement to patient telephone waiting times. This is still being monitored. PC asked why we didn't have an exclusive emergency line/ appointment line. ML advised we do have an emergency line; however it became clear that none of the members were aware of this facility. ML explained that every new patient was written to with information in a welcome letter and offered our Practice leaflet with this listed number. The leaflet was available at reception. PC said she wasn't aware of the leaflet and wanted to know how patients who had been registered for a number of years found out about this information. ML acknowledged that it was difficult to keep every patient updated with changes but all information was available on the website and in the waiting room. ML said she would ask staff to include the emergency number on all communication letters etc in future. ML showed the group the practice leaflet and most members acknowledged that whilst informative they hadn't had sight of it previously.

- **The waiting room wasn't friendly, objected facing away from the reception:** ML explained the waiting room isn't the 'best of designs' but we make the most of what we have. The chairs face away from reception for confidentiality reasons reducing the possibility of patients being overheard whilst speaking to staff. **They did not like the TV adverts:** ML explained she removed the TV License from the property a couple of years ago as it was an unnecessary cost however agreed the power point display provided by the health care providers was admittedly grim. ML will look at the presentation and try to source something a little more cheerful.
- PC did enquire why we couldn't have some sort of **ticketing system** so patients knew where they were in the queue. ML explained that usually patients should know how long their appointment time would be off as the GPs try stick as close to the appointment time as possible and if they are running late the receptionists should be keeping the patients informed. ML will monitor this to ensure it is happening. With regards to a ticketing system, this isn't used as receptionists are trained to be vigilant where a patient presents with risk symptoms eg SOB or a very distressed child/ baby where they will send the patient into the corridor and request the GP see them next. In this situation ML wouldn't want the receptionists challenged regarding queue hopping. IN agreed in her personal experience this worked well.

Contact with other PPG Groups query: Other groups are not as active as ours however there had been discussions on how to improve this within the CCG groups. ML is meeting with 2 CCG Leads on 25 March and this will be one of the questions ML will put to them.

Results of Patient Survey: Over 100 surveys received back in practice. There was a general good awareness of what services are available. 26 patients expressed an interest in attending a self- help/support group in practice. There was an even split between patients not wanting to discuss things with receptionists weighing more towards NOT. Large percent weren't aware of the Caldicutt guardian or our confidentiality clauses within our contracts. ML said she wasn't sure how this problem could be overcome as receptionists are employed to assist a patient to get an appointment and the best use of our services by triaging calls in a non-clinical manner using the example of continuity of care by enquiring if a problem was an ongoing one or a new one. DE said that it was a patients perception of receptionists and difficult to change. The group touched on how a message could be relayed to a larger group of patients in possibly an evening presentation but it was agreed it was difficult to get patients to attend

ML reported on what the practice had put into place in response to the survey. "The survey finished at about the same time as the Primary Care access work so we discussed them together and the following has been put into action:

- Appointments: Main problems highlighted with appointments through both reports were availability, access and ease of booking. Looked at in several ways:
- Ease of booking was due to availability of appointments and also getting through on the phone. The difficulty getting through on the phone was due to several reasons:
 1. Staff Levels: Difficult to employ staff for peak periods only but the practice have employed another member of staff which has enabled us to reallocate tasks off peak times so staff can focus time on phone answering.
 2. Phone calls were taken too long simply because we didn't have the convenient or necessary appointments available so patients and staff were taking longer on phone to try and accommodate. We have changed booking system of appointments so hopefully shortened phone calls.
 3. Unnecessary blocking of lines: ML has been monitoring secretary calls for the last 3months and

found that patients were using the secretaries as a first stop for all of their problems: Transport booking, chasing up hospital appts, ect ect. The secretaries have become very convenient to patients and their number of incoming calls were increasing. The practice is currently trialling a limited call slot to the secretaries: idea of this is that if patients are chasing hospital appointments ect they may be more inclined to call the hospital if the secretary is not as readily available. Thus freeing up lines but also freeing up secretary time so typing of referrals and other relevant tasks were completed quicker. In last 6 weeks this has had a massive effect on the secretaries and their work load isn't quite as overwhelming as it used to be. This has had a knock on effect as letters are getting typed quicker so less patients are chasing them. ML has monitored the amount of calls coming through in available time slots and they are less than what the secretaries received for the whole day which maybe points to the fact that they were being used out of convenience.

- Regarding booking of appointments and again getting through to the surgery ML now writes a new welcome letter to every patient that registers with the practice to advise them of our online booking system in hope that some may use this facility thus reducing calls.
- The practice started a Text reminder service for appointments to help people to remember their appointments and this facility also speeds up the process of making appointments as full details are sent to patients mobile phone reducing need to write the appointment out.
- Sending text reminders also reduces the calls from patients who have forgotten their appointment.
- Appointment availability: previously the system was set up to have 1 appt per each GP open 14 days in advance and then 1 in 1 day , 1 in 2days up to 7 days, then rest 7 days and urgents. A very complicated system implemented because the government required 48 hour access to GPs a couple of years ago. This has stopped now and GP surgeries are allowed to arrange their appointments as they see fit. The practice decided to do away with complicated system and now have appointment books open 6 weeks in advance. The practice was reluctant to try this at first as there was a fear that it would increase DNA's (did not attend) but the primary care team have reported it doesn't. The practice haven't seen an increase yet but its early days and hopefully with the reminder system in place it won't. It was pointed out that in a lot of cases patients made appointments that they didn't really need for fear of not getting one when they wanted and they were more likely to DNA.....now as patients get used to the fact that there are appointments available this might not occur.
- There was a request that we opened early or later than what we do. We did do this a while ago and as with all surgeries we were paid for offering extended hours, however the appointments were very rarely used up and our GPs felt they couldn't justify being paid for a service that the patients weren't using so they withdrew from the service. PC asked if the practice would consider Saturday morning opening. ML said presently we do not have enough clinicians to cover a Saturday Morning Clinic as our GPs are already doing maximum sessions but there is currently being a review on clinical staff within the practice and ML will report to the group when a decision is made. DE asked if increasing the clinical staff was in the budget now that the NHS had changed to CCG management. ML explained that the clinical budget within the practice was the practice responsibility not CCG level and under discussion and went onto explain a little about how the CCG affected the practice. DE asked if Dr Chang was on the board for the CCG, ML explained all GPs are involved in the CCG but aren't necessarily on the board, they attend meetings and are one in a lot of voices within a room. Presently the CCGs are involved in securing commissions and patient clinical pathways.
- ML reported that in the survey another comment was directed at the staff and patients perception. ML thinks this is a very personal opinion based on a patient's perception of a GP receptionist and in that patient expectations are sometimes unachievable no matter how hard a receptionist tries. The staff receive a lot of training to deal with all sorts of issues that may arise in a GP surgery. Training is of a high standard and something ML is personally very keen on. The practice recently (last week) had a 3 hour session with MPS on Patient Care and continues to look at areas where both staff and clinicians can improve. ML personally feels the ladies on reception are very friendly and caring and they do take quite a lot of undeserved animosity. There is a trend towards complaining about receiving unsatisfactory service across the UK and whilst the practice welcomes complaints in order to improve the service people tend to forget there is a human element at the end of their complaint and the staff take it very personally and sadly take it home with them.
- ML would like to educate patients on exactly what a receptionist's job entails and hopefully by raising awareness the perception of our receptionists will alter slightly?? ML reported that complaints no matter how small were all documented and over the last 3 years 58 complaints had been made against the practice. A trend towards completing comments forms complaining about uncomfortable chairs and slamming doors increased the number of complaints however there has been also a trend toward

formal complaints this year. ML said this trend is recognised as a change throughout the UK and patients expectations are getting higher however only 6 out of all of the complaints were in regard to clinical care, 5 of which were investigated and agreed correct clinical process had taken place. In the 1 instance where this had not happened a letter requesting a further referral had been overlooked, this had been reported on and acted upon. BP mentioned the doors were slamming and 'dangerous' especially where knuckles were concerned. ML said that the doors would be improved in the works being done in the practice this year.

- Other changes in practice have been: In line with the several requests for a self- help/ smoking service ML has acquired the services of the West Lancs Smoking Cessation Nurses who are starting a drop in clinic here every Wednesday for our patients. PC enquired if the same sort of service could be provided for weight management. ML said the practice did have a locum dietician who could be seen with GP referral however agreed with PC that continuity in weight management is key. ML agreed to see if any services were available of which could work in practice.

Results of Primary Care Patient Access work: Discussed as above in conjunction with the patient survey results.

Future Plans at the Practice:

- Premises: Over the next week the practice is getting a complete rewiring installation which will mean the practice will have work going on over night every night to improve electrics.
- The telephone systems are changing over to a broadband line and 'intranet' system which will mean once installed all of our calls to other practices and hospitals. ML went back to PC's question about a dedicated line for appointments and said until the CCG have procured our new telephone services she was unsure exactly what we were getting in the package and at that point extra telephone lines may be discussed.
- Recently had fire inspection: getting new fire door detectors, linings ect.
- Once all this is done a review of internal décor
- Employed new deep cleaner on top of daily cleaner: ensures infection control top standard.
- Now have monthly MDTs to improve patient at home care highlight vulnerable patients and involve community matrons ect in care. PC asked if social services could be involved at MDT meetings. ML wasn't sure about the answer to this but said she would enquire. IN informed the group about the Chronic Care Team who are a nurse based team responsible for the transfer of care from hospital settings and the team is now in place for COPD patients. ML and IN both said the service was excellent and ML has asked a representative of the team to attend an MDT.
- Have 3 monthly MDTs with Health Visitor for risk children. High a& e attenders

Future PPG Meeting dates: It was agreed it wasn't necessary to have a set interval for PPG meetings and around 3 monthly would suffice. The group would decide on each meeting date at the end of meetings. The next meeting was agreed for Monday 9th June 2014 at 4:30 and the group on their own prior to that.

AOB

Were there any significant changes required that had been identified from the survey, if yes, please provide further detail and confirm agreement has been sought from NHS England (i.e. opening hours or contractual changes)

There were no changes that are deemed significant enough to report to the NHS England: ie contractual changes ect. There has been a few non-contractual changes that are hoped will improve access ect:

1. Removed the complicated appointment booking system and replaced with a simple 'one the day urgent' appointment and 'routine in advance appointment'
2. Extended the time in which you can book a routine appointment from 7 days to 6 weeks.
3. In collaboration with the West Lancashire Smoking Cessation Nurses we now provide a walk in and referral clinic every Wednesday at the practice.

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Component 5:

Action Plan
<p>Action Plan:</p> <ol style="list-style-type: none">1. Remove complicated staged appointment booking system and replace with simple easy to follow system.2. Extend available appointments from 7 days in advance to 6 weeks in advance.3. Employ an extra member of staff to cover administrative tasks thus freeing up existing staff to enable them to dedicate time to phones during busy periods.4. Filtered secretary telephone access to prevent identified problem of patients using secretaries for unnecessary issues unrelated to the practice thus freeing up phone lines.5. Advertise online booking by writing a welcome letter to all new patients.6. Start a text reminder service to decrease DNA's and increase time it takes to book an appointment.7. Continue with high level of training provided in-house for all staff and clinicians.8. Provide a self help smoking cessation clinic in house weekly with help of Smoking Cessation Advisors.9. Research possibility of providing a self help weight management group within the practice.

Component 6:

Publication
<p>This report has been publicised within our practice in reception and on our practice website: The link to the report is :</p>