



#### PATIENT PARTICIPATION GROUP - ACTION PLAN 2014/15

Responses from the Friends and Family questionnaire for December 2014 – February 2015 were very positive. Of 280 responses received to date, only 2 patients stated that they would NOT recommend the practice to their friends or family and 1 of those explained the incident which had prompted that response.

Of the feedback, the issues which generated the highest number of independent comments involved the wait patient experienced to book an appointment with their named G.P. (31 patients commented on this matter). 5 patients commented on the waiting rooms finding them dark or windowless and lacking in a private area to speak to Receptionists.

Some comments suggested that a few patients are still, variously, unaware that the practice provides Extended Hours by way of:

- early morning appointments 7.30a.m. 8.00a.m. on two mornings a week,
- early evening appointments 6.30 7.00p.m. on four evenings a week, and
- Saturday morning appointments on alternate weeks

One was also unaware that patients can book an appointment online.

The Practice will continue to advise patients of this in the Patient Newsletters and on our website.

1. Action plan priority areas and implementation

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Description of priority area: Patient access in respect of an appointment to see their 'named' G.P.

What actions were taken to address the priority? This is an ongoing action:

- 1. Additional Nurse Practitioner hours were recruited to reduce the impact of the GPs' involvement in the daily Duty Team.
- 2. Additional G.P. hours were recruited to reduce the list size of all GPs.

Result of actions and impact on patients and carers (including how publicised):

- 1. Two doctors each day have been working as part of the Duty Team to provide a service to patients who are clinically urgent and require a same day appointment. By recruiting a third Advanced Nurse Practitioner (ANPs), the practice has worked towards freeing up 5 x additional GP routine clinics per week.
- 2. Home visiting by Nurse Practitioners was introduced in 2013/14. This has further enabled the Duty visiting G.P. to add some routine appointments to his/her day's clinics to improve his/her patients' access for routine pre-booked appointments.
- 3. The increased number of Advanced Nurse Practitioners has been introduced in order to increase the number of Duty Clinic appointments offered by the N.P. and reduce the number offered by the Duty G.P.
- 4. Patients are generally satisfied with their consultations with the Nurse Practitioners who have full access to the Duty doctors throughout each day for second opinions and/or to onward refer those patients for whom a consultation with a G.P. is required.

## Priority area 2

Description of priority area: Delay, after arrival, before called for appointment by some GPs

What actions were taken to address the priority? GPs are very aware when they are running late for their routine clinic appointments. However, there is a conflict when faced with a patient with unexpectedly complex problems for whom it is inappropriate to terminate the consultation simply to run to time. GPs make every effort to run to time but also want to ensure that, when ending a consultation, the patient is in a safe position until either their referral to the hospital results in an appointment or until a follow up appointment with their GP.

However, patients booking same day appointments for clinically urgent medical conditions are advised that the Duty Clinic is unpredictable and their appointment may run late. Duty appointments are only for urgent medical problems and should not be used for purposes of personal convenience. This will help the practice to deliver appropriate care to patients which is appropriate for their medical condition.

Result of actions and impact on patients and carers (including how publicised):

- 1. GPs will continue to provide the best quality of care to their patients at each consultation. On occasions this may, inevitably, result in their clinics running late but this will be kept to the absolute minimum possible.
- 2. The new Waiting Room monitors explain that Duty appointments are for urgent medical conditions and this might result in long waits for the appointment to begin.
- 3. GPs will, when appropriate, advise patients during their consultation that they can focus on one or two priority issues at that consultation and may require the patient to book a follow up appointment for any other, less important, matters.

### Priority area 3

Description of priority area: Patient Waiting Rooms – dark, sometimes noisy and with little opportunity for private discussion with the Receptionist.

What actions were taken to address the priority?

Patients making this complaint have done so with an acknowledgement that the Practice has been waiting for some time for the development of new practice premises. The current constraints of an old building in a location where premises' demolition is planned has made it impossible to make significant or structural improvements to the existing building.

The Practice is, however, in regular contact with Winchester City Council in order to progress the development of new practice premises rather than being delayed by the political problems besetting the Silverhill Development.

Result of actions and impact on patients and carers (including how publicised):

- 1. The Practice will use its best endeavours to maintain an acceptable standard of decoration and maintenance to the three waiting rooms;
- 2. The Practice will also use its best endeavours to bring about the construction of the approved new practice premises which will provide both patients and staff with fit for purpose accommodation.

# Progress on previous years

If you have participated in this scheme for more than one year, outline progress made on issues raised in the previous year(s):

1.	Two new monitors have been installed in the ground and first floor waiting rooms. These provide the latest health advice and are a tool for informing patients of any clinic delays.
2.	Extra G.P. hours have been recruited and patients transferred to new G.Ps' lists. This will have the effect, over time, of reducing the number of patients on each GPs' list and increasing access to routine appointments.

#### 2. PPG Sign Off

Report signed off by PPG: YES/NO

Date of sign off:

How has the practice engaged with the PPG: The Practice's P.P.G. is called the Patients Forum and meets approximately quarterly, dependent upon topics for discussion. The Practice also produces regular Patient Newsletters – as appropriate when there is news to tell – to keep patients advised of developments.

How has the practice made efforts to engage with seldom heard groups in the practice population? All patients are welcome to become members of the Patients Forum. Friends and Family questionnaires have been available on all three waiting rooms; on the practice website and provided in postcard format to patients on home visits.

The practice also provides a service to Homeless people in Winchester via a medical room at the Homeless Centre. Feedback is also encouraged from these patients.

Has the practice received patient and carer feedback from a variety of sources? The patients of Winchester and area are generally communicative about their wishes and needs, speaking to the clinicians during consultations and contacting the Practice Manager either by telephone; letter or e-mail on the Practice's generic e-mail address.

Was the PPG involved in the agreement of priority areas and the resulting action plan? Yes.

How has the service offered to patients and carers improved as a result of the implementation of the action plan? It takes time for new GPs to learn about their patients and settle into the work of the Practice. It also takes time for the effect of increased GP appointments to impact on waiting times for routine appointments but that effect is already being felt at the practice.

Do you have any other comments about the PPG or practice in relation to this area of work?

St. Clements is a large city centre practice with a very diverse demographic of patients. The GPs hold personal lists and establish long standing relationships with patients and their families. This facilitates good communication between the practice and patients and a good understanding of what is needed and required, as well as wanted by the population. We have a long established face to face PPG, known as the Patients Forum, which meets regularly through the year as well as regular personalised contact with our student population; our homeless population; our families and our care homes.

Members of our Patients Forum have been actively involved in Focus and Project Groups for the West Hampshire CCG gaining a good understanding of how commissioning of health services operate as well as the requirements of commissioners on the delivery of general practice services. This involvement provides an effective interface between practice, patients and CCG.