Wawn Street Surgery

**PPG ACTION PLAN DERIVED FROM GP SURVEY 2014-2015**

**Date Written: March 2015**

**Review Date: March 2016**

**PRIORITY AREA 1**

**GP Appointments**

***What actions did we take to address the priority?***

Results have shown a concern regarding the length of time to get a GP appointment. The practice considers one factor of this to be an effect of a number of changes in GP personnel over the past 7 months. These changes have been as a result of personal circumstances out of the control of the practice. The practice has undertaken a robust recruitment programme following a review of the services provided by a multi-disciplinary clinical team. Two new salaried GP's have already been recruited with employment commencing in May and August 2015 and a current advertisement in the BMJ publication has attracted further interest. Further interviews are anticipated during April and May. The recruitment of Locum GP's has been relatively successful for the provision of appropriate no. appointments but has not provided continuity for our patients. The appointment system has been reviewed and changes have been made to allocation of available routine appointments to provide additional routine appointments.

***Result of Actions and Impact on Patients and Carers (including how publicised)***

The practice website and posters has been utilised to provide patients and carers with up to date information regarding the recruitment of GP's and our PPG members have been provided with verbal updates at each bi-monthly PPG meeting. Staff training has also been effective to educate our patients and carers of the qualification of Locum Doctors in respect of them being GP's. The PPG members have been informed of the changes to the appointment book and a review of the changes will take place in 3months.

**PRIORITY AREA 2**

**Patient and Carer Education**

***What actions did we take to address the priority?***

The PPG members discussed a variety of different topics for an educational approach and it was agreed that the PPG newsletter would be an ideal mechanism for education. For the first educational approach, the members chose the topic of medicines management, both acute and repeat. The PPG member who designs the newsletter agreed to take on the role of writing educational materials and it was agreed by the members to do so from a patient’s point of view with an aim to educate with an emphasis on self-management, surgery policy and cost effectiveness. The educational approach follows a successful health promotion awareness campaign last year, co-ordinated by PPG members and displayed / manned in the surgery waiting room area. As a result of this campaign the surgery and PPG members are currently planning an information resource centre in the surgery premises to sign post patients and carers to useful and appropriate information as part of the surgeries health and well-being strategy.

***Result of Actions and Impact on Patients and Carers (including how publicised)***

The practice website and posters has been utilised to provide patients and carers with up to date information regarding the recruitment of GPs. Our PPG members have been provided with verbal updates at each bi-monthly PPG meeting. Our new PPG newsletter will promote this information also. Staff training has also been effective to educate our patients and carers of the qualifications of Locum Doctors in respect of them being GPs.

**PRIORITY AREA 3**

**Telephone Access**

***What actions did we take to address the priority?***

Telephone access has continued to be a concern for a number of years. As a result the practice has invested in a telephone communications system which supports the flow of access in a timely manner throughout the practice. The system also shows real time information which has been analysed and reviewed as part of telephone access complaints. The main finding has been that a number of patients hang up if not immediately answered and then immediately phone back, repeating the cycle for a period in excess of thirty minutes, which results in the caller believing they have been trying for thirty-forty minutes, when in reality on most occasions they would have been answered within three-five minutes if they had remained connected. This has been identified as another educational issue and has been explained to patients through methods such as face to face, written and also addressed by the PPG members through the groups communication methods. The reception structure has been further resourced to provide a morning team of four receptionists including team leader and an afternoon team of the same resource. The current position is that three staff members from the reception team are undergoing a robust training programme as part of the induction process. It is anticipated that the reception team will be working to full capacity from May 2015 and the structure will support increased resources dedicated to answering the phones and staff dedicated to face to face communications. There has been a review of all reception protocols and each receptionist has been issued with a staff handbook of policies and protocols to support a corporate approach to the processing of telephone requests and queries, to improve the patient journey.

***Result of Actions and Impact on Patients and Carers (including how publicised)***

Despite some continued concerns over telephone access, the PPG members have all reported improvements in telephone access. The results of the real time information data are shared with the PPG members and available to patients and carers via waiting room publicity materials.