

LUPSET PATIENT PARTICIPATION GROUP

Summer Newsletter

June 2018

Welcome to the summer edition of the Patient Participation Group newsletter. We hope that it contains some useful information about what is happening in the practice and the Patient Participation Group, but if you feel there is anything we should include please do not hesitate to contact us.

General Data Protection Regulations (GDPR) Most of you will have seen that GDPR was introduced from the 25th May this year. The Regulations stipulate that we must advise you on how and why we collect, safely store, use and where applicable pass on data that we hold on you as patients. It also explains your rights as the 'data subject' and what you can do if you feel that this is not being used appropriately. We have implemented a privacy notice which may help you with this new regulation and we have published this on our website and on the noticeboard in the practice. If you need further clarification please contact the surgery.

GP Appointments We have recently had some comments that it is difficult getting an appointment and that may be because we have insufficient staff to cope with a growing population. We have investigated this thoroughly, including conducting a "Demand versus Capacity" audit which we have submitted to the Clinical Commissioning Group (CCG) for scrutiny.

The accepted formula for calculating the number of GPs required is 0.58 GPs per 1000 patients. This would mean that to service our patient list of 14,100 patients Lupset Surgery would require 8.18 GPs (full and part time). We currently have 8.26. Like many practices we have also recruited Advanced Nurse Practitioners (2 x ANP) to see some patients with minor clinical issues that would have traditionally been seen by a GP. This has helped significantly. When these are added to the equation the total rises to 10.26. Even when the 'non patient facing' clinical leadership/ governance responsibilities are taken into consideration (ie 2 of our GPs work part time in the CCG) the figure is still 9.89, 21% above the recommended figure.

Again the widely accepted way to calculate the actual number of appointments required per week is 72 appointments per 1000 patients. Therefore our 14,100 patients should require an average of about 1,015 appointments each week.

As many of you will know this year was a particularly bad flu season with a resulting increase in demand for appointments and also increased staff sick leave. Indeed the first 4 months of this year has seen the highest demand for appointments in recent years. Despite this, for the first 16 weeks of the year the average number of appointments we provided each week was 1141, some 12% more than is recommended. We do have to be honest and point out that, due to short-notice staff illnesses and the lack of locum availability, this requirement was not provided on just 2 occasions. Even then only 10 appointments fewer than the recommended amount per day were provided.

This proves that we are providing more than sufficient appointments for the patient size, but clearly at times demand is outstripping capacity. Therefore we are working with the Patient Group and staff to try to manage that demand better. This will be done in a number of ways including attempting to manage acute (book on the day) appointments better as well as trying to educate the patients not to book inappropriate appointments.

New telephone system As a result of comments from patients we have streamlined the telephone system which will hopefully make it easier to use. We continue to encourage patients who are not phoning for an appointment not to call until after 10am when the queues are smaller. We have also placed the “menu” from which you chose options much higher up the process so you can chose much earlier. This has a number of benefits to patients. If they call at the wrong time (eg before the prescription clerk is available) they are told this much earlier so they can hang up and call back later. Also by choosing an option much earlier the patients are placed in separate queues (eg one for an appointment, a second for prescriptions and a third test results etc). This hopefully means that patients will be directed to the right extension earlier with less waiting and we will continue to monitor this.

We have also implemented a new process which tells a patient when all the routine appointments have been taken for that day. This means that the patient can hang up and call back the next day if not urgent, or if they do need to be seen that day they can hang on and their clinical needs will be assessed and treated as necessary.

We have increased the number of staff who answer calls and put them in to small groups (appointments, test results etc). If the phone is ringing please do not hang up and call straight back. If you do so you will only go to the back of that queue. Please continue to hold and your call will ring in that group of extensions and will be answered when the next member of staff becomes available.