Guidance template for discussion of local survey findings and action plan for 2011/2012 and 2012/2013

Completing this form will help you meet the requirements of the patient participation directed enhanced service (DES) for GMS contract (April 2011). Please retain this form for future reference and to present to your PCT if required.

PART 1: 2011/2012 A. Discussion of local practice survey findings

Patient reference group (PRG) members present:

Lynda Rowan Vice Chair Peter McKenzie John Pagett Diane McLean Joan Ramsay Barbara Holder

Apologies: Diane Mason Shirley Dixon - secretary Elizabeth Bevan

Practice staff (and designation) present:

Or A Benjamin
Dr K Okunribido
Dr M Myal
Liz Bonner - Practice Lead Nurse
Gillian Toovey Practice Nurse
Louise Paul - Practice Manager
Rachel Johnson - Data Manager
Jayne Broakes - Practice Supervisor
Gayna Tapper - Practice Secretary
Lindsey Stevens- Practice Receptionist
Karen Goldsmith - Involvement Co-ordinator PCT

Please state your key findings from this local survey - look at the report as a whole to include written patient comments in order to obtain a complete picture of performance (see guidance in the introduction of the report).

Overall satisfaction good though some disappointment that we did not rate higher than benchmark. This was probably due to factors such as geographical location deprivation, ethnicity mix, language difficulties, and population turnover not being taken into consideration. Free text comment helpful.

Main concerns related to telephone access, as well as ability to speak to GP on telephone

Maint concerns resulte to telephone access, as well as ability to speak to GP on leephone.

Wating times.

Discussion: regarding streaming calls

Wherever possible advertise facility to book/cancel appointments on-line this can be added on to all patients prescriptions.

Discussion regarding system set up to enable prescription facility on line - funding for extra staff not available at the moment.

Discussion raised why practice continues taking on new patients when staff are pushed to the limit and funding not available to recruit more reception staff.

Explained that Little London cannot close its list.

B. Action plan: 2011/2012

Which areas did you mutually agree as priorities for action and intervention? Please complete the table below.

| Priority for action | Proposed changes | Who needs to be involved? | What is an achievable time frame? |
|--|---|--|-----------------------------------|
| improve telephone access | Call streaming facility Staff increase to flex staff deployment to demand activity hotspots | PPG suggests more staff - funding not allowing us to do so. PPG to request service improvement grant | 2013 |
| Reduce DNA | Monitor to identify individuals and patterns | Text messaging | 2013 |
| Define, identify and engage frequent attenders | PPG members | | 2012/13 |
| | | | |

Does your PCT (or similar body) need to be contacted?

(This would only be the case if a practice proposes significant change and PRG agreement has not been obtained. Changes which impact on contractual arrangements also need to be agreed with the PCT).

Your details

Name: Dr Benjamin

Practice address: Little London Caldmore Walsall WS1 3EP

Job title: GP

Practice name: Little London

PCT (or similar body name): NHS Walsall

Your signature:

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| 5. Which responses were least positive? Telephone access Ability to speak to GP on telephone 6. In which areas did you deviate most from the national benchmark? Can you explain why this might be? 02. Telephone Access GS. Analys osepata by practitioner on telephone 020. Self-Care - can pharmacists play a bigger part? To make patients aware of pharmacists and encourage to visit rather than initially visiting GP. Suggested that maybe introduce pharmacist in the group Rossons-Available human fiscancies Increasing demand from a number of factors og changing demographics, shift of workload from other health and social care sectors and services, inappropriate use by some patients due to lack of understanding of what GP services are meant to provide Clancal skifterix Luck of awareness or confidence of self-care options 7. What are the main priorities identified by the PRG? Telephone access should be prioritised Patient education on respectful use of public provision and resources Team building extra parking - discussed council problems |
|---|
| why this might be? Q2: Telephone Access G2: Access the practitioner on telephone Q2: Self-Care - can pharmacists play a bigger part? To make patients aware of pharmacists and encourage to visit rather than initially visiting GP. Suggested that maybe includes pharmacist into the group Reasons: Available Human Hasources Increasing demand from a number of factors eg changing demographics, shift of workload from other health and social care sectors and services, ineppropriate use by some patients due to lack of understanding of what GP services are meant to provide Chinical skillmix Lack of awareness or confidence of self-care options 7. What are the main priorities identified by the PRG? Telephone access should be prioritised Patient education on respectful use of public provision and resources Team building |
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| resources Team building |
| _ |
| extra parking - discussed council problems |
| |
| 8. What are the main priorities identified by practice staff? Reduce DNAs to improve patient access - team building Patient Education |
| Text messaging reminder for appointments |

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