Appendix 1

Kingswinford Medical Practice and High Oak Surgery

Practice Report from Access Questionnaire 2014

Aim of the Survey

Following the analysis of the questionnaires from both Kingswinford Medical Practice (KMP) and High Oak Surgery (HOS) the work was taken to members of the Patient Reference Group (PRG) for comment.

Representation of PRG

Our current Patient Reference Group (PRG) meets every 6 weeks and is made up of 16 patients from both surgeries and a smaller virtual patient group who are sent agendas and minutes of meetings and invited to comment on any items that have been discussed. Although our main group is made up of a good mix of ages we are short on representation from younger patients. Much of the interest in this age group is from our virtual group and although they do not tend to come to any the regular meetings some of them do participate electronically and they are all extended an invitation to our annual meeting when the new officers are elected.

The make-up of our group covers both male and female patients from a variety of socio-economic backgrounds and many of them have interests in other health issues such as dementia, physical disability, learning disabilities, counselling, patient choice and advocacy. In the last year we have produced an awareness pack for patients newly diagnosed with dementia. This followed several meetings with staff secondary care, community care and from an elderly care legal team. Some of the members represent the practice on other local committees such as POP and are also involved in national forums. We are also members of N.A.P.P.

Although younger patients are represented through our virtual PRG we are conscious that we still do not have any patients from ethnic groups. Although our ethnic patients are very low in number at KMP there are far more at HOS. We have tried to gain more interest from patients in this group by advertising internally with posters on the notice board and on the consulting room doors. The staff also give out information to patients when they attend the surgery and we currently have interest from a couple of younger patients one from Asian background and one from Eastern Europe. We are hopeful that they will attend the next and future meetings.

Reasons for the Survey

As with other local surgeries we have been struggling to cope with the additional demand on access for a long time and because of this were very happy to take part in the work carried out by the Primary Care Foundation.

Our on-going access problem was discussed at every PRG meeting as part of the Practice Manager's report. Two of our PRG members also commented that they had experienced difficulty themselves so could understand the frustration of many patients which often led to patient complaints and extra pressure on reception staff.

We already had surgeries from 08:00 until 18:30 for five days a week with additional extended hours at both surgeries and a Saturday morning surgery at HOS so were running at full capacity so were willing to accept help and ideas to help us to work smarter.

We took part in the Primary Care Foundation surveys during March 2013 and the results of their meeting with us and their recommendations were taken to the next PRG meeting. There was generalised discussion from this document and Sandra Jones discussed with the group changes that had been recommended which the GPs were happy to try. The group agreed and the changes were implemented

Things improved for a while once patients became used to the changes and a report was produced to deliver to the Kingswinford, Amblecote and Brierley Hill (KAB) Locality Forum **(Appendix 2 attached)** which was shared with the PRG.

Unfortunately towards the end of 2013 we had unforeseen problems at both practices which had an impact on clinician availability.

Practice Problems during the last year

During the last twelve months we have experienced problems at both surgeries which have impacted on the availability of clinical staff.

KMP

We have had both a practice nurse a health care assistant (HCA) and a GP on long term sick. Although we have managed to cover a lot of the GP sessions with locums this is never a complete solution as they do not work like for like compared with a GP partner. They tend to see patients in surgery only and do not cover home visits or clinical admin such as signing prescriptions, letters, results and telephone triage. This extra work load is then transferred to the practice partners. As we have never been big users of locums some of our patients definitely felt that our usual excellent clinical standards have been affected and many felt that it had become impossible to see a practice partner.

The nurse and HCA between them amounted to 1 wte member of clinical staff missing for about 5 months during the year. This obviously had an impact on our usual nurse availability as well as the management all of our chronic disease areas. Again we have had to use locum staff which was viewed as a mixed blessing at best by many of our patients who have a rapport with our own nurses and desire continuity of care.

HOS

We are the victims of our own success with this surgery. Our practice list has grown considerably year on year and now stands at about 3200. The shortage of rooms make it impossible for us to have more than one GP there for most of the time.
We do have an extra GP for two half days when the shared room is available but overall we do not have the capacity for having another clinician in the building on a daily basis.

We have also had a practice nurse off for nine months on maternity leave and it was impossible to replace her like for like and we could only manage to get a HCA. This obviously had an impact on our nurse availability.

Because of these problems we decided to base our survey on access and waiting times to see a GP. We also took the opportunity to find out how patients preferred to book appointments as we wished to promote electronic booking wherever possible. We also wished to find out if patients would be prepared to have a telephone triage consultation instead of seeing a GP face to face and have come up with a few solutions which have been discussed with the PRG and are now being implemented.

What have we done to help with the problem

KMP

- We have now advertised for a further eight session GP to increase our clinical capacity at KMP.
- Our nurse at KMP is now back from sickness cover but on a reduced basis.
- We have a separate who has a weekly session to see our COPD patients
- We have a separate nurse who has a weekly session to see our Asthma patients

HOS

- Our nurse has now returned from maternity leave so our clinical capacity has increased.
- We have managed to find room availability for further GP capacity on a Monday and Thursday morning

Across both surgeries we are doing the following:

- encouraging electronic access which gives patients more choice as well as responsibility for managing their own healthcare
- offering telephone triage on a daily basis with all clinicians.
- using recommendations from Primary Care Foundation about the number of book on the day appointments to offer on a daily basis
- also using their advice on the length of time for book in advance appointments
- offering patient education on why some appointments can be booked in advance e.g. medication reviews, follow-up of long term conditions.

We hope that the changes we have put in place will increase our capacity and help with our increasing patient demand.

Sandra Jones
27th February 2014