Local Patient Participation Report 2013/14

For Beechwood Medical Practice

Fishponds Primary Care Centre

Type of Patient Reference Group (PRG) – A combination of face-to-face and virtual.

Size of the PRG - The practice continues to try and engage a wide representation of patients to help inform its decision making and to discuss issues of interest with our patients. We hold quarterly patient participation group meetings and we regularly send out correspondence to 40 + members of this group. We usually attract about 14 to our face to face meetings and we try alternating times of the day and days of the week to allow various representatives to attend. We acknowledge that we have continued to find it difficult to get regular attendance from any of our younger (under age 25) patients. However we have increased the representation of other demographic groups on our virtual mailing list.

We have a large number of contacts for patients who have expressed an interest in being part of a virtual patient group. The VRG has a membership which better reflects our practice population than that of the main patient participation group. We have liaised with these groups to design and participate in one of the main surveys we carried out this year. We also conducted a much larger CFEP general practice survey for all patients to complete when they visited the surgery during the month of October 2013. This is a nationally recognised survey which asks 28 questions about patient satisfaction with the surgery staff and individual GPs at the practice. This was independently collated and reports from that survey are displayed as a separate report to this in our waiting room and on our website.

How our patient group representation compares to that of the whole practice population

Practice population profile	**PRG profile**	Describe difference between population and PRG, and the efforts made to reach any groups not represented
10700 patients registered/ 89 patients included in the face-to-face and virtual group		
Age		
% Under 16 **2066/19%**	% Under 16 0/0%	Children, with the parent's permission, can be asked informally of their experience in the practice. We are currently (Feb14) carrying out a survey specifically for young people. This targets 13 – 25 year old patients. We are sending out questionnaires along with invites to attend teenage health checks and also giving opportunistically when a patient presents. There are messages inviting feedback from these patients on our tele info screen in the waiting room
% 17 – 24 **1045/10%**	% 17 – 24 1/1.12%	We have tried to raise awareness of our patient group by putting invites on our 4YP (4 Young People) notice board. We also continue to invite teenagers in for teenage health checks and at these reviews we

		explain about the services we can offer and explain that the young person can make suggestions or join the patient groups if they would like. The practice is trying to engage our younger patients by being innovative in the use of information screens, SMS text messaging, website and, electronic gadgets in the waiting room to try and make the various methods of communicating with our patients more interesting to a wider range of ages/backgrounds. If we continue to be unsuccessful at recruiting any younger members to the PRG we may hold a separate focus group session for young patients to try and encourage engagement.
% 25 – 34 **1585/15%**	% 25 – 34 2/ 2.24%	Throughout the year there are promotional posters, newsletters, and screen messages in reception to encourage patients to get involved in the decision making of the practice. The clinicians are also asked to mention the group opportunistically to patients to encourage involvement. We work closely with our midwives and health visitors to raise the profile of these forums. We have also forged links with the local children's centres and have had them come along to events to raise their profile. We then cross promote the groups. Some of our current patient group have also actively promoted the group to other patients in the waiting room with good results.
% 35 – 44 **525/14%**	% 35 – 44 7/7.9%	When patients register with the practice the Reception Team have been reminded to give new patients information and forms about the PRG group. We have notices about our group and meetings on the information screens in the waiting room, we have sign up sheets on the reception desk and amongst the reading material in the waiting room, we put regular articles in our newsletter to encourage participation.
% 45 – 54 **1373/13%**	% 45 – 54 13/14.6	The practice will target the middle age groups through the Practice Nursing Team as a lot of them will be attending for Chronic Disease Management, dietary advice or Treatment Room Services. When patients come for their health checks we can raise awareness at these appointments.
% 55 – 64 **981/9%**	% 55 – 64 22/24.7%	The following three age groups are better represented and consist of employed, unemployed, retired, carers and patients with complex health issues or learning difficulties.
%65 – 74 **773/7.1%**	%65 – 74 26/29.2%	The annual flu clinics have been very successful in promoting and recruiting Patient Participation and we will continue to use these sessions to recruit new members.

%75 – 84 **499/4.6%**	%75 – 84 14/15.7%	The current members of the PRG are also reminded to encourage others to join the group.
% Over 84 **244/2.3%**	% Over 84 4/4.49%	The District Nursing teams meet with the practice regularly for Gold Standard Framework meetings and Primary Health Care Team Meetings, they also are aware of the need to get input into practice development.

Ethnicity

The practice has approximately 67% of the patients' ethnicity recorded so it is difficult to reflect the practice population profile accurately. Where patient numbers and percentages have been shown below this is as a percentage of the number of patients with known data, not as a percentage of the whole practice population. Ethnicity data continues to be requested from patients as it has a multitude of benefits in planning patient care.

The ethnicity for all the Patient Participation Group, virtual and face to face have been indicated below where it has been made known.

We continue to try and engage with our under represented populations. In the past year we have attended meetings with local community leaders to try and explore ways in which we might connect better with patients from different ethnic backgrounds.

We provide our staff with the training and support they need to engage with the wide range of patients we look after. We have provided training in effective communication, ethnicity & diversity, working with young people and looking after carers over the past year. We hold regular team meetings to inform the staff of current initiatives and also invite representatives from local support groups such as the local carers forum to come and inform the staff of the support they can offer.

We provide a range of material in different languages when it is available and we are happy to try and source interpretations if they are not readily available in the surgery.

We have a GP partner, who speaks Mandarin and is able to communicate well with our Chinese community. We have also just appointed a receptionist who speaks Punjabi.

We have a Carers' support worker who spends a morning in the practice every other week, she is trying to identify carers we don't know about, paying particular attention to those from minority groups. We then ask for their feedback about how we might support them or improve services for their particular needs. She also signposts these patients to local support and advice services.

Patient Population Profile **We currently have ethnicity coded in 7261/10848 (67%) of patient records** **The following numbers and percentages are based on the 7261 patients we know about.** **White**	**PRG Profile (main group and virtual group)** **White**	
British Group – **5071/7261 69%**	% British Group – **69/77.5%**	
Irish – **57/7261 0.79%**	% Irish – **1.2**	
Mixed	**Mixed**	
White & Black Caribbean – **114 1.57%**	% White & Black Caribbean – **1.2**	

White & Black African – **44 0.65%**	% White & Black African - **0**	
White & Asian – **191 2.63%**	% White & Asian **– 1.2**	
Asian or Asian British	**Asian or Asian British**	
Indian – **221 3.04%**	% Indian **– 2.4**	
Pakistani – **259 3.56%**	% Pakistani **– 3.6**	
Bangladeshi **– 60 0.83%**	% Bangladeshi **– 0**	
Black or Black British	**Black or Black British**	
Caribbean **– 410 5.65%**	% Caribbean **– 3.6**	
African **– 218 3.04%**	% African **– 1.2**	
Chinese or other ethnic Group	**Chinese or other ethnic Group**	
Chinese – **101 1.39%**	% Chinese **- 0**	
Any Other – **344 4.74%**	& Any Other **– 2.4**	

Gender		
% Male – 5488 **50.6%**	% Male – **48.8%**	
% Female – 5360 **49.4%**	% Female **– 51.2**%	

Steps taken to recruit patients to the PRG	We run messages advertising our group on our electronic notice board in the waiting room. We advertise every meeting of the patient group on this notice board, in our newsletter and on the website. We have produced large A1 size posters when we have held patient group special events such as those held at the Saturday morning flu clinics. We have supplies of leaflets in the waiting room asking for expressions of interest in joining either the regular patient group or the virtual patient group. We provide information leaflets about the patient groups and their purpose. We have run special social events to try to publicise these groups and encourage wider interest. We ran a very successful Educational Saturday morning event put on by the patient group members. This was designed to coincide with the attendance of many patients for their influenza vaccinations. We usually offer our patients some refreshments at our Saturday morning flu clinics and we took the opportunity to make this a bit different by having invited representatives from local support groups, eg Age UK, Diabetes UK, Asthma UK, Local young mothers group & Childrens' Centre and the Carers Support Centre. Patient group members attended to help spread the word about our group and we also found that the event provided a useful time for several patients to talk to each other and enjoy some social contact.

	We are in the process of redesigning our website and plan to have a more wide ranging section on our patient participation forums. The new website should be up and running by June 2014. Our group now has a Chairperson and treasurer and although we have yet to recruit a secretary this is still on the agenda to encourage the group to be more autonomous. The group is now more involved in setting their own agendas and have themselves organised activities to raise their profile and also to raise some funds both for local charities and for small items of equipment that can be used in the practice to benefit all patients. We have attracted several new members this year bringing new ideas and fresh focus to the group. We also continue to have a strong core of longer serving members who contribute constructively to ideas for development within the practice and also challenge when they feel services could be improved.
Differences between the practice population and members of the PRG	We continue to find that it is our older, mainly white British population who engage most with the face to face patient participation group meetings. We imagine this is mainly because this is the largest population group within the current overall practice population. We have found that even by offering patient participation events at various times of the day and days of the week our older population still tends to be the group with the best time availability. Generally our older patients tend to attend the surgery on a more frequent basis and so are more interested in how the services are delivered. However we do have a much wider representation in our virtual group and this is shown in the figures above.

Stage two – validate the survey and action plan through the local patient participation report

Survey – The practice should outline how the survey was conducted and the results
We asked our patient reference group for priority areas for a wider practice survey back in July 2013 however we felt that the results were not as helpful as they might have been as our cover letter gave examples of areas that patients might like us to cover, and some of the responses simply reflected back the examples we had given without adding anything from the individual patient experience. Overall we did have a good response with 47 responses from 84 patients contacted and we discussed the suggestions at our patient group meeting held on 20 August 2014. At that meeting the main patient group decided that although appointments and telephone access invariably come up as being the area most people raise, they recognised that the practice does make regular reviews of these areas and to a certain extent there is a limited amount of change that can continue to be made without further funds being made available to the practice. The group regularly discusses the pressures of delivering enough appointments to meet patient demand and are realistic about the difficulties most surgeries are facing at present. The group therefore decided to concentrate on areas where

they felt a realistic and achievable difference could be made. The practice agreed that we would review the following areas: information provided about the whole range of services available; the way information is displayed in the waiting room and reception staff training, we agreed to report back on progress at the next patient group meeting held in November 2014.

We also carried out an Improving Practice Questionnaire (IPQ) during the month of October. This is a nationally recognised and externally collated questionnaire designed for use in general practice. As the results of this questionnaire we not available until December 2013 we reviewed this survey at the patient group meeting in February 2104.

We decided to use this survey as it is a survey we have used in previous years and therefore we would be able to effectively benchmark our performance. It also provides information on how the practice compares to other surgeries nationally. The survey was used to gather information on the services offered by the practice and the performance of the GPs. The results have been used to identify areas for improvement and also are used by the GPs for their appraisal and revalidation process.

We were asking for feedback on the performance of six GP partners and the practice generally.

How were the questions drawn up? –

The questions were provided in a questionnaire format created by CFEP, a recommended and experienced UK survey company, specialising in patient and colleague feedback for healthcare organisations. Client-Focused Evaluations Programme (CFEP UK Surveys) was established in 1995 and since this time has gained considerable experience and expertise in providing patient and colleague feedback to thousands of healthcare professionals in primary and secondary care settings across the UK. www.cfepsurveys.co.uk.

How was the survey conducted?

The format of the survey is that the questionnaires are given out to patients who are seeing a particular GP, the patient was given the questionnaire as they arrived to check in at reception. The survey was offered out to all patients seeing a GP as they arrived and was not targeted to specific patients. The survey was also not handed out by GPs to patients as we felt that this method can result in inequitable selection as to whom the questionnaire is given to. This is also the format we have used in previous years. Patients were told that the survey was anonymous and also told why we were carrying out the survey. We had posters in the waiting room and corridors giving a fuller explanation of the survey and how it would be evaluated and reported back to patients. The survey was carried out throughout the month of October or until we had enough questionnaires for each GP. We collected a minimum of 50 survey envelopes per GPs to allow for some spoiled papers. We actually needed to collect 25 questionnaires for each GP to ensure we could produce meaningful results.

A question had been raised at a group meeting about how we could more effectively collect survey responses from patients who might not be able to complete the questionnaire easily. When giving the questionnaires out, if patients were not keen to complete one we checked if they would like help to complete the questionnaire, some patients accepted assistance and some others asked if they could take the questionnaires home to complete (in a rush or didn't have glasses etc). On three mornings patient group volunteers sat in the waiting room to help other patients complete the questionnaires. The completed questionnaires were then put in sealed envelopes and were placed in a collection box. The only identifiers on the questionnaires and envelopes were the initials of the GP that they related to, patient details other than demographic information were not asked for.

We then sent all the sealed envelopes off to CFEP for analysis and reporting.

What were the results of the survey?

A consolidated copy of the results and individual GP reports were received back in the practice in December 2013. A copy of the overall practice results are attached.

Action plan – The practice should outline how action plan was agreed

Following completion of the survey we used the patient group meeting on 6th February 2014 to discuss the responses and create action plans for weaker areas. We also gave feedback on areas where we had already made changes based on the priority areas identified by the patient group following their survey in the summer. The patient group usually have a closed session with the group chairperson before the practice representatives join the meetings to allow for open debate, we then follow an agenda that has been drawn up by the Group chair and the practice manager. The practice representatives and patient group discussed items raised and worked together to decide what action plan might be sensible and achievable.

How was the PRG consulted on the proposed action plan?

Discussion took place with the patient group at meetings held in November 2013 and February 2014. We also placed articles in the practice newsletter to ask for feedback from any other patients who wanted to contribute.

Are there any aspects that were not agreed? - No

What was the agreed action plan?

Priority For action	***Proposed Changes***	***Who needs to be Involved?***	***What is an Achievable Timeframe?***
1.Better information regarding the range of services available in the practice for our patients	The group said that they didn't know about some of the services that were available at the practice for example: weight management clinics, exercise classes, stop smoking support, coil fittings. They knew that there were posters and leaflets in the waiting room but they wanted one place where they could have a comprehensive list of practice services.	Practice Managers	March 2014
2. Arrangement of information in the waiting room	The group felt that the arrangement of the display on noticeboards could be improved with the patient group information being relocated to the main waiting room area and the carers information being relocated to the main corridor area.	Lead Receptionist	Feb 2014
3. Improve current facility for patients to give comments.	Raise awareness of the suggestion box and provide a supply of suggestion forms for patient use.	Practice Managers	May 2013

4. Training of receptionists	This item was raised as a priority area from the patient group survey and was discussed at two patient group meetings where we asked for examples of what training was needed or for examples of service where improvements could have been made. We were unable to pinpoint a particular area of training need.	Practice managers/ lead receptionist	April 2014/ongoing
5. Ease of contacting the surgery by telephone	Our CFEP survey showed that patients were unhappy with phone access into the surgery, particularly in the mornings.	Practice Managers	June 2014
6. Availability of appointments	Improve accessibility to appointments and pre-bookable appointments	Practice Managers/Nurses/GP Partners	June 2014
7. Awareness of on-line booking	The comments section highlighted that some patients do not realise that we already offer on-line booking of appointments	Practice Managers	April 2014

Are there any contractual considerations to the agreed actions? No

Please provide an update of progress on all actions to date.

1. Better information regarding the services provided by the practice – we have produced a patient booklet listing all the services available within the practice. This is included in our new patient packs and is also available to pick up in the waiting room. We have also put a version of the leaflet on the patient information screen.

2. Arrangement of information in the waiting room - we have changed the position of the information boards for carers and the patient group as suggested. We have also updated the 4YP (4 young people) notice board and have increased our selection of information leaflets generally. We have a supply of information on the current patient data sharing campaigns to help our patients understand the various national and local schemes and facilitate them to make informed choices about their information. We regularly update our patient information screen with the latest health promotional messages (eg shingles and childrens flu campaigns) and to inform patients of upcoming events (patient group and support group meetings).

3. We have placed our suggestion box in a more prominent position and have placed signs around the waiting asking patients to use the suggestion box, we have provided a plentiful supply of suggestion forms for patients to use. We have acted on the suggestions made by patients (eg provided alcohol hand gel next to the patient check in system), we have acknowledged and responded to suggestions personally when patients have left their contact details.

4. Training of receptionists - We continue to hold monthly full reception team meetings where we talk about any issues identified or new information that has come into the practice. We regularly discuss issues such as safeguarding children and how to support vulnerable adults. We raise awareness of topics regarding infection control and health & safety for both staff and patients. Each member of staff has a training plan and they are supported to carry out a number of mandatory training courses each year and also to supplement these with other courses which are relevant to their role within the business. We encourage staff development and engage in a number of in-house and external training events. If a particular issue has been reported this is raised with the individual concerned immediately by their line manager in a fair and constructive manner and all staff have regular one to one reviews and more in depth appraisals throughout the year. Our staff are due to participate in a variety of training in the coming year including courses in: equality and diversity awareness, communication skills, information governance & patient confidentiality, dealing with difficult situations/managing conflict & 4 Young People updates.

5. Ease of contacting the surgery by telephone – We have queried the number of calls coming into the surgery with our telephone system supplier as callers had reported they sometimes cannot get a line in. We are able to handle a maximum of ten calls at any one time in the practice due to the limitations on the number of lines allocated to us on the Primary Care Centre telephone system. We have looked at the number of calls coming in during the day and allocated our receptionist resources accordingly. We may consider installing a screen in reception to show the number of calls that are waiting to further raise receptionist awareness. We have a lead receptionist who is based in reception every morning and who has software on her PC to monitor the telephone system. We provide regular reports which are reviewed by managers as to caller wait times and number of abandoned calls. These are actually very reasonable and the practice would be happy to share this information with our patients if it was of interest.

6. Availability of appointments – we continue to review the availability of GP appointments on an on-going basis (also see item 6 update below). We believe the introduction of a nurse practitioner to the team will help release GP time to see more acute and complex patients. We continue to monitor our appointments carefully and operate a system whereby we implement contingencies as soon as the number of appointments drop below certain thresholds (eg if a GP is away for a training course or on annual leave) this allows us to alter the other GPs workload or engage GP locum cover to maintain an adequate number of appointments across the working week. The GP partners regularly review their working weeks with regard to how they can best provide the maximum number of appointments from the resource available. We continue to use our popular SMS text messaging system to remind patients of appointments and have also now introduced the facility to cancel appointments via SMS which reduces wasted appointments. We actively follow up patients who repeatedly waste appointments and we have managed to reduce the number of DNA appointments in the last year down from 5% to 4%.

7. Awareness of on-line booking – We plan to have a high level campaign to raise awareness of this service in April. Our clinical system confirms that we already have significant numbers of patients using this service. Approximately 17% of all our patients have an online PIN number. However our CFEP survey showed that there are patients who do not know about this service. We will be adding messages to our repeat prescriptions, an article in the practice newsletter, reinforcing the messages on our patient information screen in the waiting room and perhaps send a SMS text message to highlight the availability of the service. We are also in the process of redesigning our website and will have a higher profile section on how patients can use online services to engage with their GP practice.

Update on items raised in last year's patient survey report

The following is a summary of proposed actions from the 2012/13 report and a brief update on what has happened since.

1. The changes to our nursing team are due to be finalised in April 2013 following the return to work of a nurse who has been on maternity leave. We have recently changed the skill mix within our nurse team and have significantly increased the number of HCA hours to provide improved access to treatment room type services. All the nurses have been enrolled on training courses to take place over the next few months to help expand their individual range of skills. For example at the beginning of 2012 only one nurse was trained to do catheter changes and we had to ask a GP to help with this service when she was absent. We now have other nurses trained to provide this service. We offer a good range of nursing services but we want to ensure that our all nurses are multi-skilled so as to offer the best availability to the patients.

   Update - During 2013/14 we have had significant changes to our nursing team. Our Lead nurse, Mary Collett, retired and we promoted practice nurse, Kerena O'Brien, to the lead role in August. Our HCA, Tracey Hansford, has undertaken several training courses and can now give injections and carry out ear syringing. Joanne McGarry joined the nursing team in the treatment room in September and brings with her great experience in children's nursing. We are now able to carry out children's phlebotomy in house rather than having to send the patient to BCH. We have also appointed a Nurse Practitioner to the team and she has been a great asset as she is highly skilled in examination, assessment and prescribing for complex patients having previously been employed for many years as a community matron. There are rarely any significant waits for a nurse appointment and our nurses now carry out most chronic disease reviews and health promotion activities allowing our GPs to concentrate on more acute or complex patients. We achieve a high number of patient health checks and perform well in our delivery of health promotion services, i.e. weight management, support to stop smoking, childhood & adult immunisations, & cervical screening figures.

2. Improve patient waiting times between arriving at the surgery and being calling in to see a clinician. We have already made changes in this area and intend to review the GP working day again in the new financial year. GPs are finding it hard to keep to 10 minute appointments and several have now moved to 15 minutes to minimise the increase in wait times as their session progresses. Most GPs and locums now have "catch up" slots in their sessions to help with time management. Our new clinical system also has very obvious information that the clinician will see regarding number of patients waiting and how long they have been waiting. We are putting more information on our screens in the waiting room to update patients on any possible delays. We are advising patients to book double appointments where they have more than one problem or a complicated problem. We also advise that patients who need an interpreter book a double appointment.

   Update – Our 2013 CFEP survey results show that patients are more satisfied with waiting times than in 2011 when the CFEP survey was last carried out. We believe this reflects that the changes we made have had a positive impact on our performance in this area.

3. Survey results regarding alternative methods to ordering prescriptions over the phone indicated that most patients were aware of the facility to use the internet. We intend to

put a further article in our next newsletter and have added a page about this service to our waiting room television information screen.

Update – We get a large number of repeat prescription requests now coming directly into our clinical system although we still receive significant numbers of requests via regular email and also through a generic order form on our website. We significantly exceed the DoH targets for online repeat medication requests as set out in the Improving Patient Online Access DES for 2012/13. We are actively encouraging patients to sign up for a PIN number to order prescriptions through their medical record as this is a more accurate method of ordering medication. Patients are being sent a message informing them of this option as part of the order acknowledgement when they send a routine email or website order for a repeat prescription.

4. We have installed a new phone system and increased the number of receptionists available to answer calls. We are regularly updating patients as to the best times to call the practice for various types of enquiry. There are many businesses within our building all using the shared phone system and we needed more lines which we now have. We are now able to produce reports on the numbers of calls handled/abandoned/response times etc. and with this information we have already increased the number of receptionists available to answer calls first thing in the morning and mid afternoon.

   Update – We believe this is a problem many GP practices are experiencing as demand for services continues to grow. We have rearranged our reception rota to increase the number of staff available to take calls in the morning and changed the shift patterns to allow for one more person in the afternoons as this was where we were taking longest to answer callers who were in our queuing system. We continue to use phone monitoring software to look for possible improvements.

5. We will continue to survey our patients and consult with our patient groups on our planned business changes and to assess their levels of satisfaction. We are always interested to hear of a patient's ideas or suggestions for improvement. We have invested in new facilities to carry out smaller, regular surveys via the wall mounted check-in system.

   Update – we have carried out the CFEP survey as we said we would in our report in 20112/13. In February 2014 we have also carried out a smaller survey of our younger patients to help us understand their experiences. We are currently in the process of submitting our application to be accredited as a young people friendly practice.

   The free text area of the 2013 survey showed that many patients have found it difficult to book a GP appointment when ringing the surgery later in the day. We offer a mix of appointments to be booked same day, and approximately a third are released up to two weeks in advance to allow for pre-booked appointments. We also offer a selection of early morning and later evening appointments. Once all our routine appointments are booked for that day we have a duty doctor available who will deal with any patient who feels their problem cannot wait until the next available routine appointment.

   Update – we have reorganised the release of pre-bookable appointment slots to automatically release at 14 /11/7 and 4 days ahead of the appointment date. This has helped to improve the variety of pre-bookable appointments for the GPs.

6. We regularly discuss the availability of appointments with the patient group, staff and GPs to look at how we might improve access. Despite losing some patients when our branch surgery at Eastville closed in 2005 we are now back to the number of patients we had before this happened. Many patients have questioned why we are so much

busier, however we are currently looking after no more patients than we were approximately ten years ago but the perception is that patient demand for appointments and practice services generally has risen enormously. Our patient population has a higher than national average number of patients over the age of 65 and children under the age of 16. Patients in these age groups are likely to need more appointments annually. We have a growing number of patients not originally born in the UK. This often means that one appointment is not sufficient time for a GP to conduct a consultation and therefore we need to use two appointments when an interpreter is needed. We have a high number of patients with social problems requiring counselling and on-going support.

We have a good ratio of GPs to patients with an average of 1669 patients per full time GP. We have invested year on year in providing sufficient numbers of practice staff to provide a good level of patient service. We also continue to run our business as one of the lowest funded practices in the Bristol area.

We try to effectively manage patient demand by directing patients to the service that will best suit their needs, ie making sure that our nurses are used for routine reviews and health checks to allow the GPs more appointments for the more clinically complicated patients. We plan to carry out a review of the appointment system early in the new financial year to help us plan any necessary changes for 2013/14.

Update – During the latter part of 2013 we have had two salaried GPs working with us to cover GP partner maternity leave. We have also employed a nurse practitioner who works in the practice four days a week. We have been able to modestly increase the number of GP appointments and provide different types of appointment for acute patients with the nurse practitioner. We feel that this has helped to improve the number of GPs appointments overall. We continue to promote educational messages regarding appropriate use of the various NHS services.

7. As part of the GP revalidation process and to gather further feedback on how we are performing we plan to carry out the CFEP Practice & GP survey in the summer of 2013, this is a larger survey asking a whole range of questions regarding patient satisfaction with the surgery in general, the staff and their experience with the GP. This will be externally collated and feedback will be widely available for all patients to review.

   Update - We carried out the CFEP survey as planned in October 2013.

Local patient participation report 2013/14

What is the URL of the website where the report was published?
www.**beechwoodmedicalpractice**.co.uk

How else has the report been advertised and circulated? – Posters and copies of the survey report provided in reception waiting room. Copies of the report were sent to all patient group members along with the February meeting papers.

Opening times

Confirm opening times and the method of obtaining access to services during core hours.

Our core hours are 8.00am – 6.30pm, Monday to Friday

The Phone lines are open 8.00am – 6.30pm, Monday to Friday at the surgery and outside of these times calls are managed via the 111 service.

Confirm any extended hours arrangements that are in place for patients outside of core hours.

Day	Start Time	Finish Time	Session Length (mins)	Providing Healthcare Professional e.g. Nurse/GP etc	Number of Healthcare professional	Total extended hours
Mon	6.30pm 6.30pm	7.00pm 7.15pm	30 mins 45 mins	Nurse GP	2 1	1hr 45 mins
Tues	7.30am 6.30pm	8.00am 7.15pm	30 mins 45 mins	GP & Nurse GP	2 1	1 hr 45 mins
Wed	6.30pm	7.15pm	45 mins	GP	1	45 mins
Thurs	6.30pm	7.15pm	45 mins	GP	1	45 mins
Fri	7.30am	8.00am	30 mins	GP	1	30 mins