

ANNUAL REPORT 2013

REGARDING THE PATIENT PARTICIPATION GROUP

as per the DES Directions

Step 1 : Developing a structure which gains the views of patients and enables the practice to obtain feedback from the practice population e.g. a Patient Reference Group (PRG) or Patient Participation Group (PPG).

Summary of steps taken by the practice to maintain a PPG.

Update

1) The first PPG meeting was on Thursday 15th December 2011. The meetings take place every other month, the latest being Monday 25th March 2013. The initial plan had been to have quarterly meetings but the group felt bi-monthly was more productive.

2) Information gathering since the last annual report in March 2012 to March 2013

- the group focused on attracting younger patients to the group. Dr Penny & Charles McEvoy attended a local careers evening for secondary school pupils on 8th March 2012 to raise the profile of this group with this age cohort. To date; Miss Rebecca Newman's input has been valuable to the patient group. Miss Katie Laughler is now part of the virtual group, having attended a couple of meetings in person initially.**

3) Strategies to facilitate patients to join the PPG from March 2012

Methods used :

- displaying posters in the patient waiting room (containing a form to return if the patient was interested in joining the group)**
- specific notice board for the patient participation group**
- on-line via the website**

4) Continuing development of the PPG

All patients who have completed forms or who have made contact via e-mail or the website expressing an interest in joining the group are all invited to the next meeting. The PPG would like anybody who is interested to attend.

5) Meetings

The PPG meet every other month. Meetings to date have been; Thursday 15th December 2011, Friday 27th January 2012, Monday 12th March 2012, Tuesday 29th May 2012, Monday 9th July 2012, Thursday 20th

September 2012, Thursday 28th November 2012, Thursday 31st January 2013 and Monday 25th March 2013. The meetings have always been supported by one or more members of the Practice team: Dr Penny McEvoy (GP Partner), Dr Charles McEvoy (GP Partner), Dr Rozzy Green (Salaried GP) and Samantha Miles (Practice Manager).

List of PPG Members

Practice staff members - attend in a supportive / facilitatory capacity as staff members are not patients of the practice.

Active members - attend meetings in person

Name	Age band	Ethnicity	M/F	Profile
Katie Laugher	17 – 24	White British	F	Student/secondary school
Rebecca Newman	17 – 24	White British	F	Student/secondary school
Mr Edward McGowan	65 – 74	White British	M	member of Yorkshire Cancer Network & Haematology Group
Barbara Dean	Over 84	White British	F	Retired
Catherine Green	65 – 74	White British	F	NHS background, locality Manager in Ripon, Age Concern
Greta Milsom	75 – 84	White British	F	Past nursing experience & Carers Resource in Ripon
Anthony Milsom	75 – 84	White British	M	Retired
Jan Filippi	55 – 64	White British	F	Child crèche, Ripon Leisure Centre & history of care involvement work
Jane Fowler	45 – 54	White British	F	Data Analyst
Trevor Ingham	75 – 84	White British	F	Retired
Christina Pickup	55 – 64	White British	F	Primary Care Trust
Brenda Tabor	Over 84	White British	F	Volunteer telephone service for people living alone.

Withdrawn from the Group

Dr Peter Lansley	65 – 74	White British	M	Former GP with HMForces
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Virtual group - liaison with group by e-mail / post

Name	Age band	Ethnicity	M/F
Michael Coghlan	55 – 64	White British	M
Elizabeth Coughlan	55 – 64	White British	F
Paul Coughlan	65 – 74	White British	M
Eclia Rich	75 – 84	White British	F
Margaret Baxter	75 – 84	White British	F
Yerchanik Arratoonian	75 – 84	Other White Background	M
Peter Liddle	75 – 84	White British	M
Ruth Askham	75 – 84	White British	F
Margery Lowe	75 – 84	White British	F
Cyril Dix	Over 84	White British	M
Eileen MacDonald	Over 84	White British	F
William MacDonald	Over 84	White British	M

We are still actively trying to increase the representation in the younger group. This is always a discussion at the PPG meetings. We have struggled to involve the 25-34 and 35-44 cohort. We have some patients in this cohort who were in our virtual PPG but have disengaged. We feel this cohort is likely to have heavy work and domestic / family commitments, which discourage them from involvement. We will however continue to actively encourage this cohort through GP consultation.

Step 2: Agree areas of priority with the PRG

The following areas of priority were agreed after discussion at the PPG meetings and having considered in depth the issues raised by the previous survey.

(a) Annual Patient Survey

Topics for the annual patient survey were discussed at the PPG meeting on Thursday 20th September 2012. It was decided to start the survey in mid October to catch as many patients as possible who attend for their influenza vaccination. This would be an opportunity to reach out to patients who do not always come in to the Practice and to catch a different cohort within the Practice population. The aim was to collect completed surveys from 700 patients, which would represent approximately 10% of the patient population. Content of

the survey was the main topic. The PPG decided to keep several questions in to follow on from the last survey in 2011 including age, sex, ethnicity, "what could be improved" and "what has been done well".

(b) Practice Newsletter

The PPG members had raised the idea of a practice newsletter last year and had been interested in assessing whether patients would like one and find it of value. This was one of the questions in last year's survey. The feedback was generally positive and so the PPG set about displaying a PPG practice newsletter. One of the PPG members, Rebecca Newman, deserves a special mention for her input in designing a suitably eye-catching logo! A practice newsletter has now been introduced. The PPG felt it was important to ask patients in this year's survey whether they had any comments on content or format of the newsletter.

Step 3: Collate patient views through the use of a survey

Please see Appendix 1 for a copy of the patient survey which was used. The patient survey was carried out during the months of November and December 2012.

The PPG decided to ensure that survey questionnaires were available for completion by a wide range of patients using the following strategies (i) available in both patient waiting rooms, (ii) by receptionists handing them out to patients, (iii) included with letters posted to patients when inviting them to come in for their chronic disease checks and (iv) attached to prescription scripts or medication being collected from the Practice or Dispensary. The patient questionnaires were colour coded, so it was easy to identify which route of distribution had been used when patients returned the questionnaires (blue / reception, green / prescriptions & dispensary, yellow / nurses, red / letters sent to patients inviting them in to chronic disease clinics).

The PPG decided to survey to a wider sample of our patients than the previous year and wish to express sincere thanks to the reception team for working tirelessly in handing out all 700 patient questionnaires despite this being our busy winter season and in the midst of our influenza vaccination campaign.

Three members of the PPG had agreed to analyse the questionnaires and present the information in a clear format for circulation to the PPG, review by the practice and publication on the website. Please see Appendix 2 for the full patient survey analysis and report.

We would like to thank Mrs Judith Webb, Mrs Jan Filippi and Mr Tony Milsom for their time in collating and entering the data. We are extremely grateful to Mrs Jane Fowler for designing the tools to collate this information and then presenting the data in such a clear and high quality format.

Step 4: Provide PRG with opportunity to discuss survey findings and reach agreement with the PRG on changes to services.

At the 8th meeting of the PPG on Thursday 31st January 2013, the draft survey report was circulated and Mrs Jane Fowler gave an explanation of the process by which the surveys were analysed and then a presentation which summarised the findings. The final completed survey report was presented on Monday 25th March 2013.

The PPG felt that the survey had been successful. We took on board patients' comments from the previous survey, made alterations and reframed the questions to see how successful the changes had been, as well as successfully reaching a greater number of the patients

Issues highlighted by the survey findings.

(a) Extended hours

The Practice currently provides 6 hours of "extended hour surgeries" per week. The Practice's obligation is to provide only 3 hours and 45 minutes. Therefore we have increased the provision of evening surgeries to 3 nights most weeks. The response to the change in provision was good for the uptake in appointments, but only 34% were aware that the Practice had changed the opening hours. This may have been partly that the cohort of patients who were asked to complete questionnaires when attending surgery because of the influenza vaccination campaign is a different cohort from those who regularly use evening appointments. The information regarding opening times is in the Practice leaflet, on the website and also displayed on laminated posters at the entrance of both of the surgery buildings.

(b) Triage / duty doctor system

This system enables rapid access to advice from a GP and appropriate prioritisation of those requesting urgent appointments by a GP. The triage / duty doctor system has proved a success, with 94% of patients surveyed indicating that they were "very satisfied", "satisfied" or "okay" with the system.

The Partners note there is a small minority of patients who would appreciate very early appointments and Saturday morning appointments but are unable to introduce these at present as not enough doctors and staff are prepared to work these unsocial hours. The comments in the survey were very supportive of increased evening provision.

(c) Dispensary

The PPG were keen to propose a question relating to the dispensary. The question asked in the survey was "if a Pharmacy facility could be made available to all, would you use it?". Currently the Practice is only permitted to dispense to patients who live a mile away from a chemist "as the crow flies". The Practice has to adhere to the national rules regarding dispensing boundaries. Dr Penny McEvoy explained at a PPG

meeting how the Practice dispensary functioned and the legal matters regarding on-site pharmacies. The PPG was more interested in seeing how many patients would be interested; over 400 patients provided a positive response. Approximately 60 patients would not use the service and 205 patients did not complete the section. Although at this moment in time there is nothing we can do to provide a dispensary / pharmacy service to all the patients, it was however interesting to see how many patients who cannot currently access this facility, would appreciate this service.

(d) Demographic / social data

Ms Christine Pickup suggested that modifications could be made to the pie chart within the demographic section, which would be helpful to assess patients when completing the questionnaire; patient's disability / ability, whether patients have a carer, see themselves as full time carers / home makers etc. This would be along side gender split, age group, ethnicity and employment. Mrs Jane Fowler will try and incorporate a section covering these issues in the next version of the patient survey.

(e) General comments

The survey provided an opportunity for a lot of individual comments. Mrs Jane Fowler has kindly incorporated the main themes, both positive and negative, into the survey results. She has produced a complete list of comments for the Partners to look at with the Practice, in case there are other issues which they feel need addressing and which may be explained further in future surveys.

Theme emerging from patients' comments:

(i) Practice opening hours

- Patients like the new extended hours and are grateful
- Need to make patients aware of opening times
- Used to like Saturday mornings for appointments and collection of prescriptions
- Some patients would prefer 7.00am – 8.00am opening times
- Suggestion of printing opening times on the back of appointment cards
- No complaints, they seem very accommodating
- Better, especially for people who work away from Ripon on a regular basis
- An extension must be an improvement
- Good idea to have appointments outside standard office times
- New hours are more convenient for working mothers

(ii) Appointments system

- Some patients thought it was a brilliant idea and have used the service frequently and think the doctors have been great
- Problems have been resolved without having to wait for an appointment
- Excellent, as it takes a short time to deal with an issue and it can be decided if an appointment is necessary

- **Would prefer if the duty doctor saw walk-ins. (*Practice response; the difficulty with this is that face-to-face consultations take longer thus increasing the time to return the telephone calls*)**
- **Sometimes awkward to discuss symptoms when at work**
- **Doctor called patient back and discussed symptoms and arranged a quick appointment**
- **Excellent service, even without appointments available reassuring that the doctor will call you.**
- **Came in to the surgery as a drop-in and was informed quite firmly that this was the way the system worked but to go home ring in and then come back into Ripon, which would have been silly. (*Practice response; if patients are prepared to wait then we endeavour to slot them in but cannot see them immediately when pre-booked patients are waiting*).**
- **Prefer to contact reception and make an appointment whilst still on the telephone**
- **Sometimes I would feel happier seeing a doctor even just for reassurance (*Practice response; unfortunately the NHS is increasingly unable to offer a private-style service in the current financial climate*).**
- **Would be nice just to be able to make an appointment without waiting hours for a call back first.**
- **It saves unnecessary travel**
- **It is good to get chance to talk to someone but on a working day the sooner you can let employer know a time for an appointment, the better. Prompt and understanding**
- **Very helpful and thorough**
- **Peace of mind helpful advice often eliminates the need for an appointment. Appointment allocated if needed.**

(iii) Practice Newsletter

- **Very good, clear and precise**
- **Didn't know there was one**
- **Should be in waiting room**
- **Could pdf be sent to all patients with email details on a regular basis or as an APP to patient phones. (*Practice response; current software does not enable the use of text messaging or sending of "APP"s*)**
- **Very informative**
- **Good reading**

(iv) Practice website

- **Not on the internet**
- **Not aware there was one / What's the email address?**
- **Easy to access and use**
- **It's good, and has all the information needed**
- **Online appointments would be good. (*Practice response; we hope to provide this after our next computer system upgrade, which has been repeatedly deferred but anticipated this summer*).**
- **Very basic, suits all users**
- **Excellent**

- Excellent the site is welcoming and well put together, very informative and the colours chosen are of a calming nature
- Very good format, online new patient form easy and accessible

(v) Is there anything that the Practice does at the moment that you would like us to do differently

- Repeat prescriptions have 2 medicines and have to visit to collect twice a month, one is every 28 days, the other is every 30 days *(Practice response; order both together every 28 days and one item will need to be ordered 13 times per year but the other will only need to be ordered 12 times per year).*
- Quicker access to doctors for non urgent matters was over a week to get an appointment *(Practice response; the triage system provides access to rapid advice, including for non urgent matters)*
- Order prescriptions on line *(Practice response; prescriptions can be ordered on line)*
- Would like to see GP or one other each time for continuity of care
- Cannot think of anything particularly
- The extended hours for patients working outside area really helps
- Book appointments on line. *(Practice response; we hope to provide this after our next computer system upgrade, which has been repeatedly deferred but anticipated this summer).*
- Sometimes there is quite a wait for a receptionist to attend. Maybe one member of staff should solely attend to patients. *(Practice response; we would like to implement this but it requires alteration of the receptionist rotas, which has to be agreed by and acceptable to the reception staff).*
- Try to stick as much as possible to appointment times
- If doctors are running late, courtesy call to patient to pre warn, I waited 40 minutes and had to then make up the time at work or forfeit my dinner hour
- Routine appointments need to be more readily available. *(Practice response; reducing DNA rate would help. Routine appointments are filled by patients who could have been dealt with by telephone. It is a difficult balance to get the patients who need face-to-face contact into surgery rather than those who want it but do not need it!)*
- I would like to be able to see a doctor of choice, there is confusion about what a doctor will do for one and what not!
- Start coming to Kirkby Malzeard *(Practice response; Service was underutilised and not an efficient use of doctor's time. Other villages are just as remote and without the benefit of an alternative GP Practice).*

Responses

- 94.2% Good or above verses 2012 at 90%

Step 5: Agree action plan with the PRG and seek PRG agreement to implementing changes

The action plan subsequent to last year's survey was to make improvements and changes in response to patients comments and then ask similar questions again in this year's survey to see if the Practice had been effective in providing a better service. The action points agreed and addressed or in process have been listed below:

Action Point 1

Create a PPG notice board in the patient room waiting area.

Miss Rebecca Newman has kindly designed a PPG logo to represent the group and this will be used on the notice board, newsletter, future surveys and correspondence. All survey results will be displayed on the board. There will be an "interactive" section on the notice board with the opportunity for patients to submit any questions to the group or provide contact details so that they can join the group.



Action Point 2

The practice will see if the website PPG basic logo can be changed to the one that is representing the group.

Action Point 3

The triage system has been successful. There are still some patients who are not entirely satisfied and we will take on board their comments. If there is a feasible way of making any changes, they will be implemented.

Action Point 4

558 patients out of 700 had visited the Practice website, which is a good response. However, the majority of patients were not aware of the Practice opening times. The opening times are laminated on each of the doors of the main building and annexe building of the premises. They are also featured in the practice leaflet and website. We however can advertise the website more and will do this with posters in the waiting room and information on patients repeat prescriptions. We will also either add information on to the prescription slip or attach a note to prescriptions about the facility to order them on line. This will hopefully reduce telephone calls and free up the telephone line for other patients.

Action Point 5

The PPG wanted to know whether a (Dispensing) Pharmacy facility could be made available to all, would they use it. Although the Dispensary service is currently limited to those patients who live outside a mile radius (as the crow flies) from a chemist and legislation does not allow this service to be extended, the PPG

would like to know patient's views and thoughts as they think due to the changes within the NHS and with CCG (Clinical Commissioning Boards) being introduced, this may be a topic for the future. The PPG thought it would be interesting to obtain patients' views at this point.

The outcome was that the majority of patients that completed the survey would like to have an opportunity to use the Practice Pharmacy. This is a positive finding and may become of reference in the future.

Action Point 5

Analysis of the themes from patient comments.

This will be undertaken in the Practice by the partnership, to see if there are any ways that the Practice can make changes upon the comments made by the patients. Every patient survey had a comment, whether negative or positive. These will all be taken on board. The PPG have worked hard in analysing the data and producing the findings in a clear and concise format.

PPG suggested some modifications to the patient survey and these will be incorporated in the next production.

Comments relating to different departments; clinical, reception, administration etc, will be passed on to the staff, as the PPG felt that this was important, especially the positive feedback.

The PPG will maintain the notice board in the reception area and are happy to answer any queries that patients may have. Please hand in your queries to the receptionist. The form will be passed on to the group.

Step 6 : Publicise actions taken and subsequent achievement

- (a) The survey questionnaire and the report of the survey will be published on the Practice website.**
- (b) Copies of the results of the survey will also be on the PPG notice board for patients to take away with them.**
- (c) The results of the survey and report will be published on the Practice website.**
- (d) Information from the outcome of the survey will be placed in a newsletter.**
- (e) This report will be sent to the PCT as per the terms of the PPG Enhanced Service Specification.**
- (f) This report will also be published on the Practice website.**

Finally this Patient Participation Group Report is supposed to include the opening hours of the practice premises and the method of obtaining access to services throughout the core hours, and also the times at which individual healthcare professionals are accessible to registered patients including for extended hours. This information is attached in Appendices 3 and 4 respectively.

APPENDIX 1 – Survey Questionnaire

Please complete this questionnaire and return to reception.

**Ripon Spa Surgery
Patient Participation Group
Newsletter**

Patient Survey No 2

Dear Patient

Welcome to this the 2nd Spa Surgery Patient Survey, conducted by the Patient Participation Group. Your views are really valuable in helping improve services within the Practice, and are also form an important part of future Clinical Commissioning Group(CCG) decisions. So please take a few minutes to complete this questionnaire.

Please use a (√) to answer the question;

Topic 1: Opening Hours

Over the last year the Practice opening hours have been extended to offer more evening appointments.

Question 1: Were you aware that Practice opening hours had altered?

YES NO

Question 2: Have you ever been to an evening appointment; 6.30pm – 8.00pm?

YES NO

Any Comments on Opening Hours.

Topic 2: "Triage"

For patients requiring an urgent appointment (same day or before the next available routine appointment) the Practice uses a system called "Triage". This is where you will be telephoned back by a GP and given either advice or an appointment.

Question 3: Have you experienced the Triage system? YES NO

Question 4: How satisfied are you with the "Triage" system?

- Very satisfied Satisfied Okay Not Satisfied Very Frustrated

Please comment why?

Question 5: Have you read the Practice Newsletter?

- YES NO

Any comments on content or format of the Newsletter?

Question 6: Have you viewed the Practice website?

- YES NO

Any comments on content or format?

Topic 4: Practice Issues

Question 7: Do you use the Practice Pharmacy?

- YES NO

The Pharmacy service is currently limited to those that live over 1 mile (as the crow flies) from a chemist. Legislation does not allow this service to be extended, but if a Pharmacy facility could be made available to all, would you use it?

- YES PERHAPS NO

Question 8: How would you describe how often you come to the practice?

- Very frequently (more than 12 times / year) Frequently (more than 6 times / year)
 Sometimes (2-6 times / year) Occasionally (2 times / year)
 Very rarely (less than 1 time / year)

Question 9: Is there anything that the practice does at the moment that you would like us to do differently?

- YES NO

Comment if yes, what and why?

Question 10: In general how do you rate the overall service you receive from the Practice?

- Excellent** **Very Good** **Good**
 Fairly Good **Poor** **Any Comments ?**

- Are you:** **Male** **Female**
Age Group:
 Under 16 **25 – 34** **45 – 54** **65 – 74** **Over 84**
 17 – 24 **35 – 44** **55 – 64** **75 – 84**

With which ethnic background do you most closely identify with:
e.g. White British, Pakistani, African, Chinese etc.

- Employment;** **Employed full time** **Employed part time** **Self Employed**
 Student **Unemployed** **Retired**

Thank you for your time and taking part in the survey, it is appreciated

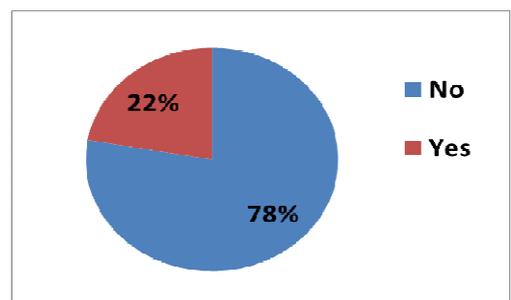
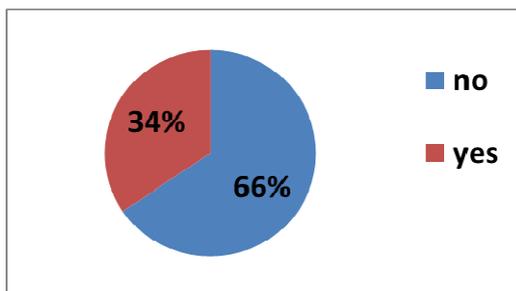
APPENDIX 2 – Survey Results

Ripon Spa Surgery Patient Participation Group Survey March 2013

There were 764 responses to this survey during November and December 2012.

Question 1: Were you aware the Practice opening hours had altered?

Question 2: Have you ever been to an evening appointment; 6.30pm – 8.00pm?

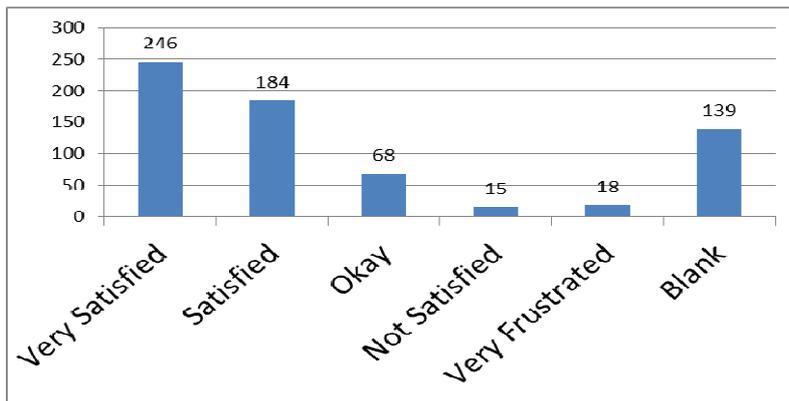


There were 194 comments on **opening hours**
 135 x very happy, 44 x medium and 16 x low response
 Comments including

"Need to make Patients Aware, Used to like Saturday am, Prescription collection on Sat am,
 More convenient as a working mother thank you, Sat am would be useful, What happened to
 Sat am? Like Early Appointments, Would prefer 7-8am. This is brilliant. Reduces cancellations
 or "no shows" Now I know this will help when making appointments, Now I know this will help when making appointments, Suggest could be printed on reverse of appointment cards, very good that it is open longer very grateful, I think the surgery is excellent and has good opening times."

Question 3: Have you experienced the Triage system? Yes 506, No 157

Question 4: How satisfied are you with the "Triage" system?



94% Okay or better
157 Q 3 No experience of Triage

There were 298 comments on **Triage**
 Positive x 215, Negative x 34, Middle Ground x 30
 Comments included

"IT WORKED FOR ME, BRILLIANT IDEA I HAVE USED THIS SERVICE ALOT AND THE DOCTORS HAVE BEEN GREAT, RESOLVED THE PROBLEM I HAD WITHOUT HAVING TO WAIT FOR AN APPOINTMENT, TRYING TO GET IN FOR AN APPOINTMENT IS TERRIBLE, SOMETIMES IT IS NOT EASY TO JUDGE WHETHER YOU NEED TO SEE A DOCTOR THIS METHOD TAKES THE DOUBT AWAY YOU DON'T FEEL YOU ARE WASTING THE DOCTORS TIME, EXCELLENT BECAUSE IT TAKES A SHORT TIME TO DEAL WITH AN ISSUE AND IT CAN BE DECIDED IF AN APPOINTMENT IS NECESSARY EVERYBODY WINS, I STILL THINK IT WOULD BE NICE IF THE DUTY DOCTOR DID WALK IN'S, SOMETIMES AWKWARD TO DISCUSS SYMPTOMS WHEN AT WORK, Doctor called me back discussed symptoms and arranged a quicker appointment. Excellent service, even without appointments available reassuring that the doctor will call you. As an army family we have moved all over the country and this practice's duty of care has been the best we have experienced, Came into surgery as a drop-in and was informed quite firmly that this was not the way the

system worked but to go home ring in and then come back into Ripon which would have been silly.”

Question 5: Have you read the *Practice Newsletter*?

Yes - 49, No - 595, Blank – 29
 Comments x 24 including.....

“12 x Didn’t Know, VERY GOOD, CLEAR AND PRECISE, should be in waiting room, where can I see it? Could pdf be sent to all patients with e mail details on a regular basis or as an APP to patient phones, seems good, good reading”

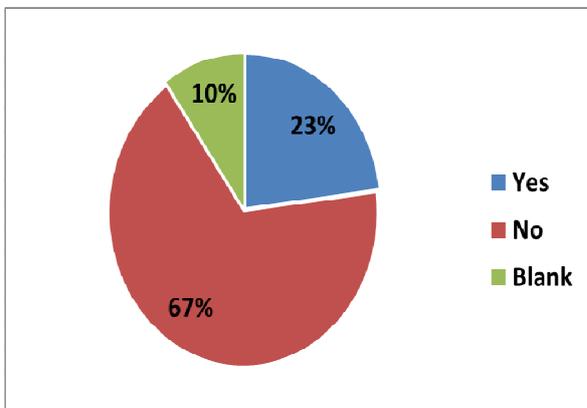
Question 6: Have you viewed the Practice website?

Yes - 558, No -59, Blank – 57
 Comments x 29 included

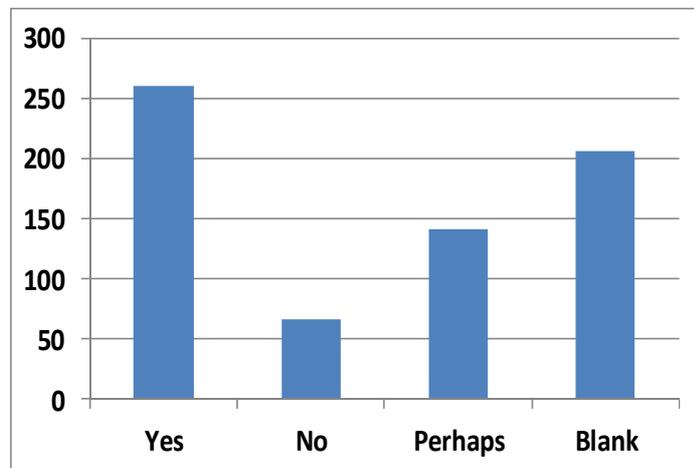
“Not on the Internet x 6, Not aware there was one x 8, Easy to Use x 3, Good x 2
 Very basic suits all users, its good has all info I need/have needed to date, online appointments would be good, Excellent”

Question 7:

Do you use the Practice Pharmacy?

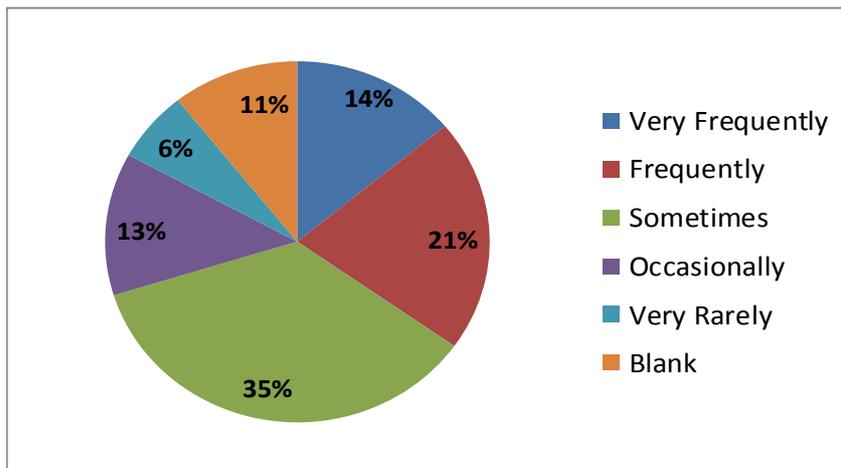


If the Pharmacy facility could be made available to all, would you use it?



Question 8: How would you describe how often you come to the practice?

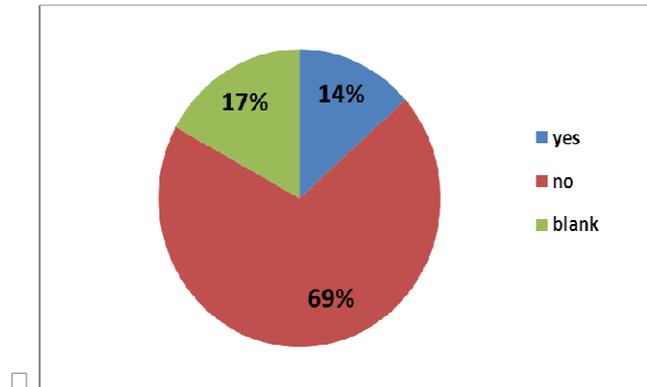
- Very frequently (more than 12 times / year)
- Frequently (more than 6 times / year)
- Sometimes (2-6 times / year)
- Occasionally (2 times / year)
- Very rarely (less than 1 time / year)



Question 9: Is there anything that the practice does at the moment that you would like us to do differently?

Total Comment 112
Significant themes

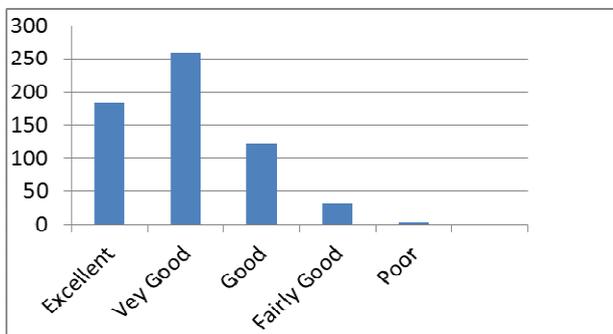
- 43 Appointment Related
- 19 Reception
- 5 Prescription
- 13 Same GP
- 10 Telephone System



Question 10:

In general how do you rate the overall service you receive from the Practice?

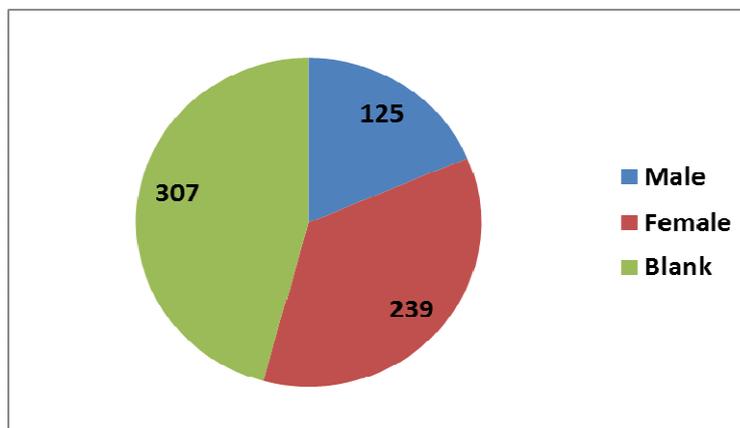
Total 63 Comments Positive 42, Negative 15, Middle Ground 6



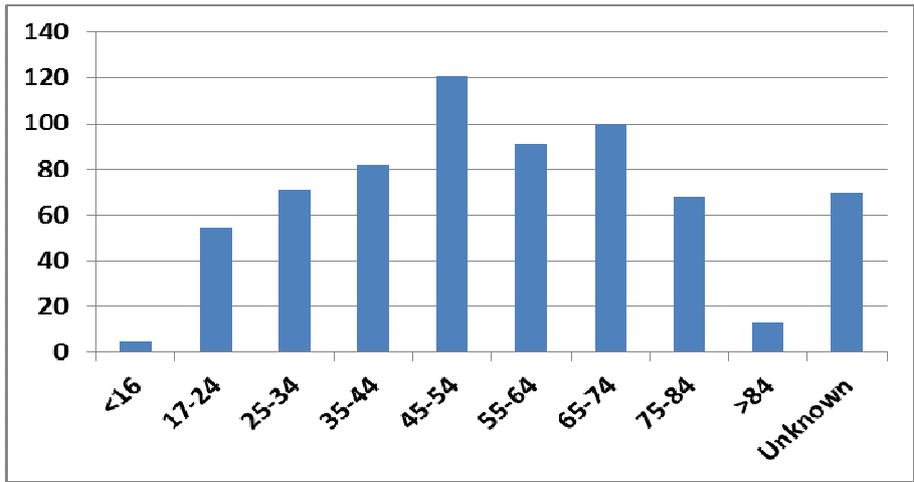
**94.2% Good or above vs 2012 90%
600 Responses v 351 Responses**

Demographics

Gender Split:



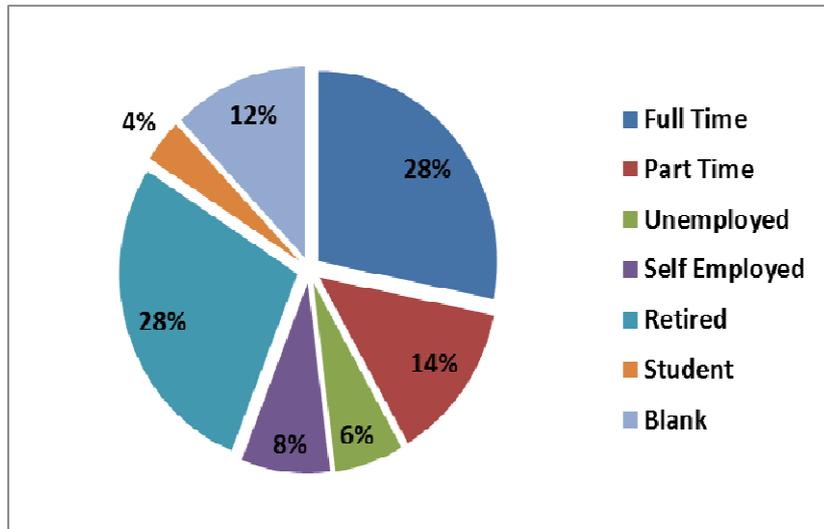
Age Group:



With which ethnic background do you most closely identify with:

White British	510
African	1
Asian	2
German	1
Polish	1
Australian	1
English	1
Mixed	1
Welsh	1
Blank	148

Employment



Please see appendix for full comments

APPENDIX 3 – Current core hours and access to services

Core hours are from 8am to 6:30pm.

By special local agreement with the NYYPCT surgery phone lines divert to out of hours at 6pm. This is due to change on 9th April 2013. The surgery will have a pre-recorded message, which will be active from 6.00pm and will advise patients ringing between 6.00pm and 6.30pm to telephone the out of hours service and patients ringing between 6.30pm and 8.00am or through the weekend period and bank holidays, to ring NHS111.

Services can be accessed by booking face-to-face appointments with our health care assistant, nurses and doctors either in person at reception or over the telephone. Appointments can also be made with the community midwife who holds a surgery on-site once per week.

Urgent appointments are made available as clinically necessary after telephone consultation with a doctor. The practice ensures that a doctor is scheduled to be available for these telephone consultations during every morning and every afternoon session. This "triage" / "duty" doctor can then provide medical advice or treatment over the telephone, arrange investigations and subsequent follow up, or arrange a face-to-face assessment in an appropriate time frame (which may be on the day) by the most appropriate professional.

The practice is not contracted to provide a walk-in service, and no longer offers this (and has not done for several years) although it may be possible for a patient who walks in to be slotted in to a surgery if they are happy to wait, and a patient who is clearly ill would always be brought to the attention of the duty doctor.

Currently the doctors are available as follows :

Partners

Dr Charles McEvoy 8 sessions Monday, Tuesday, Thursday and Friday
(from 1st May 2013..... Monday, Wednesday, Thursday and Friday)

Dr Penny McEvoy 6 sessions Tuesday, Wednesday and Friday
(from 1st May 2013..... Monday (1 session), Tuesday, Wednesday and
either Thursday (1 session) or Friday (1 session))

Dr Matt Mielcarek 8 sessions Monday, Tuesday, Wednesday and Friday

Salaried GPs

Dr Rozzy Green 6 sessions Tuesday, Thursday, Friday

Dr Andrew Cox 8 sessions Monday, Tuesday, Wed and Thursday

Dr Deepika Ganesh 6 sessions Tuesday, Wednesday and Friday
(from 1st May 2013 Tuesday, Thursday and Friday)

Dr Tasha Phillips 6 sessions Tuesday, Wednesday and Friday

Currently the Nursing staff and Kath our Healthcare Assistant/Phlebotomist are regularly available as follows:

Nurse Jenny Lamb / Practice Nurse Monday and Wednesday all day from 9am
Tuesday all day (plus extended hours until 7.30pm)
Thursday half a day from 8am

Kath Walmsley / Health Care Assistant Monday, Tuesday morning from 8am
Wednesday morning from 9.00am
Thursday from 8.00am – 3.00pm
Friday from 8.00am – 3.00pm

Appendix 4

Extended hours provision – current situation

Contracted to provide 3.75 hours per week (based on list size).

Every week; Tuesday, Wednesday and Thursday evening 6.30pm – 7.30pm

If doctors are absent on leave one night of evening surgery may be cancelled (leaving 4 hours provision remaining) and/or a nurse may provide an evening surgery instead of a doctor. There will always be a doctor working with a nurse.