



## **Park Lane Surgery Patient Participation Report 2012/2013**

### **Introduction**

Park Lane Surgery is located in Waters Green Medical Centre, a healthcare facility which houses all of the six GP practices in Macclesfield.

The centre opened in July 2006 and the GPs' vision was to enable them to provide care to their registered patients in high quality, purpose built premises. By coming together within one building, it would also create the opportunity for the practices to work together to make a greater range of services available to their patients within the community.

Each of the six GP practices has their own doctors and staff, and provides care to their own registered list of patients.

Each of the six GP practices is participating in the Patient Participation Directed Enhanced Service (DES), a two-year DES issued in April 2011. The purpose of the Patient Participation DES is to ensure that patients are involved in decisions about the range and quality of services provided and, over time, commissioned by their practice.

The key steps for the second year, 2012-2013 are

- Agree areas of priority with the PRG
- Collate patient views through the use of a survey
- Provide PRG with opportunity to discuss survey findings and reach agreement with the PRG on changes to services
- Agree action plan with the PRG and seek PRG agreement to implementing changes
- Publicise actions taken and subsequent achievement

As in the 2011-2012 the 6 practices have shared their action plans with the Waters Green Patient Group. The meeting was held on 28<sup>th</sup> Feb 2013 and is detailed later in the report.

## **Park Lane Surgery**

The surgery is open from 08.00 – 18.30 with reception staff available during this time providing both a face to face and telephone service.

The surgery offers extended hours appointments from 18.30 – 20.30 Mon to Thurs.

## **Patient Demographics**

Park Lane Surgery currently has a patient list size of 8978. The age/sex ratios and ethnicity numbers that were considered are inserted below and also as Appendices 1 and 2. The practice has 79 patients read coded as carers, 21 males and 58 females.



Ethnicity 12-13



Age/Sex Ratio 12-13

The practice has a well established PRG which first met in 2005-2006. It has a membership of 5 men and 6 women with an age range of 35 - 83 years. Three new members joined in the last 12 months. Last year a virtual network was established in order to reach a wider variety of the patient base and this group have been included in consultations undertaken in 2012-2013.

## **Agree areas of priority with the PRG**

The practice patient reference group undertook to gather patient priorities from the wider practice population. A priorities questionnaire was developed and given out by group members during one week in June 2012. (Appendix 3)

This exercise was seen as a further opportunity to widen the groups' representation and patients were asked to leave an e mail contact if they would be happy to be added to the virtual patient group already in existence.

The PRG discussed the results of the exercise at a meeting on 25<sup>th</sup> July 2012 and these are summarised below. The detailed responses are included in Appendix 4.

The largest numbers of comments were about getting routine appointments. These covered issues such as the wait for a routine appointment with any doctor, waiting for a named doctor, using the internet booking system and variety of appointment times. Comments were also made about the 2 booking slots of 8am and 2pm for emergency surgery appointments.

The meeting discussed the need for wider communication with the practice population about the different types of appointments on offer and GP and nurse timetables. It was noted that it was necessary to try and manage patient expectations to some degree.

It was agreed that a surgery notice board be taken over to communicate a variety of information about booking appointments. This could cover some of the following:

GP and nurse timetables

Suggestions about ways to see GPs who know you for on going care.

Explanations of how things work such as the automatic check in i.e. that it sends an arrival message to the GP so patients don't have to book in at the desk too.

It was also suggested that GPs should be aware of appointment availability when they tell patients to come back in a certain time frame and who they should see.

There was general discussion about putting a television screen into the waiting room as another form of communication which could carry information on a variety of issues. The practice agreed to look into this.

The group also suggested new toys for the waiting room.

The group were pleased to note the high number of compliments paid to the surgery both for doctors and staff and surgery organisation.

### **Collate patient views through the use of a survey**

The practice PRG also agreed to use the GPAQ survey for a second year at its meeting on 25<sup>th</sup> July 2012 to ensure it addressed the concerns raised by patients in a manner that was comparable with last year. The survey was distributed to patients over a three week period in October 2012 both to patients visiting the surgery and via the virtual patient group and subsequently professionally analysed. The summary results can be found inserted below and in Appendix 5.



GPAQ Results 12-13

### **Provide PRG with opportunity to discuss survey findings and reach agreement with the PRG on changes to services**

The PRG discussed the results of the survey at a meeting held on 21<sup>st</sup> January 2013. (The summary results were also shared with the virtual patient group but no comments were forthcoming). The minutes are inserted below and included at Appendix 6.



PRG Minutes

### **Agree action plan with the PRG and seek PRG agreement to implementing changes**

The meeting developed an action plan from the feed back and this is inserted below and included at Appendix 7.



Action Plan 12-13

### **Waters Green wide Issues**

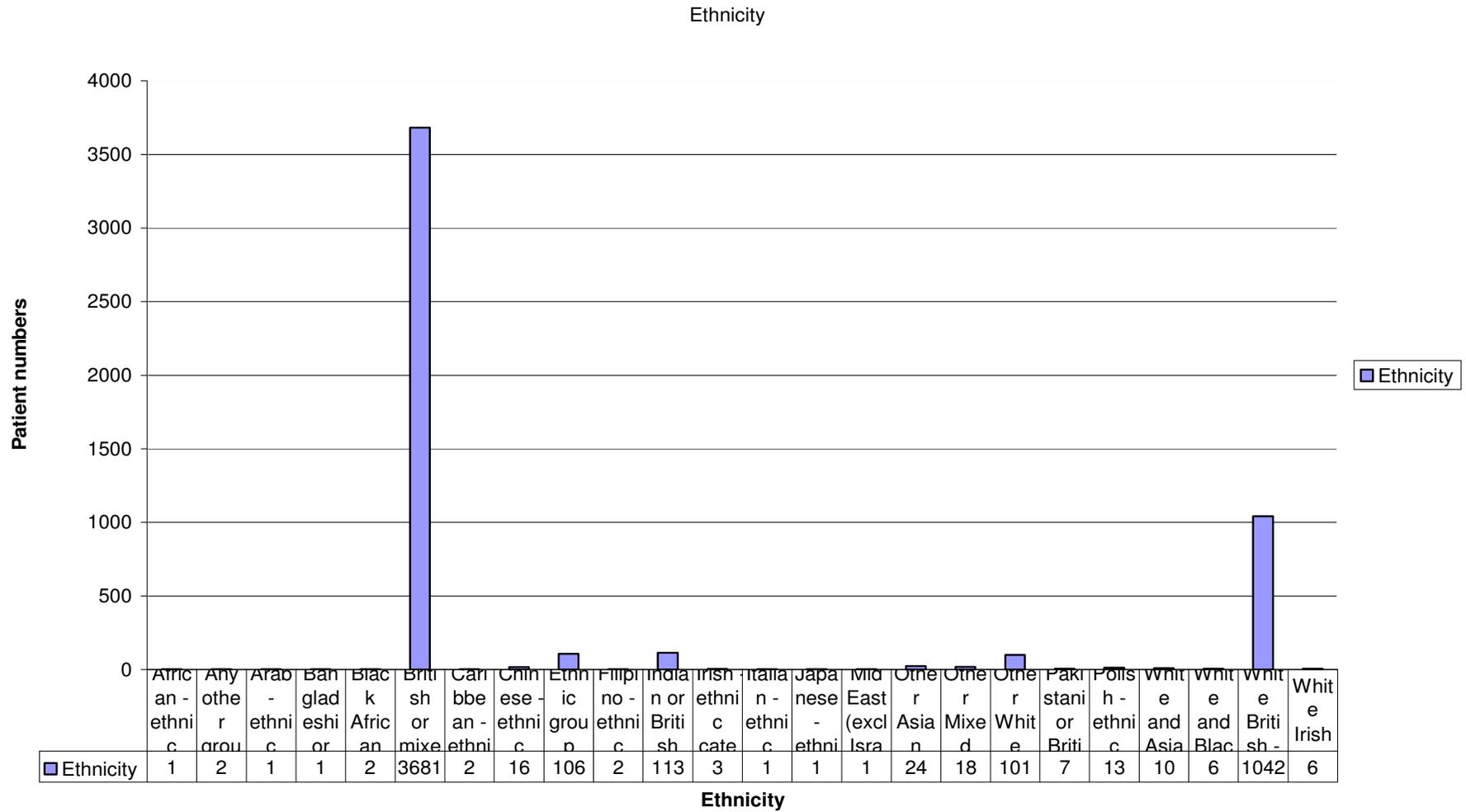
The Waters Green Patient Group met on 28<sup>th</sup> Feb and after receiving action plan reports from the 6 practices suggested that a mechanism be set up to share best practice. There was discussion about call systems for patients and there were some common themes amongst practices of the limitations of the systems currently in use. The meeting agreed to review the “patient calling “ systems in the future.

### **Publicise actions taken – and subsequent achievement**

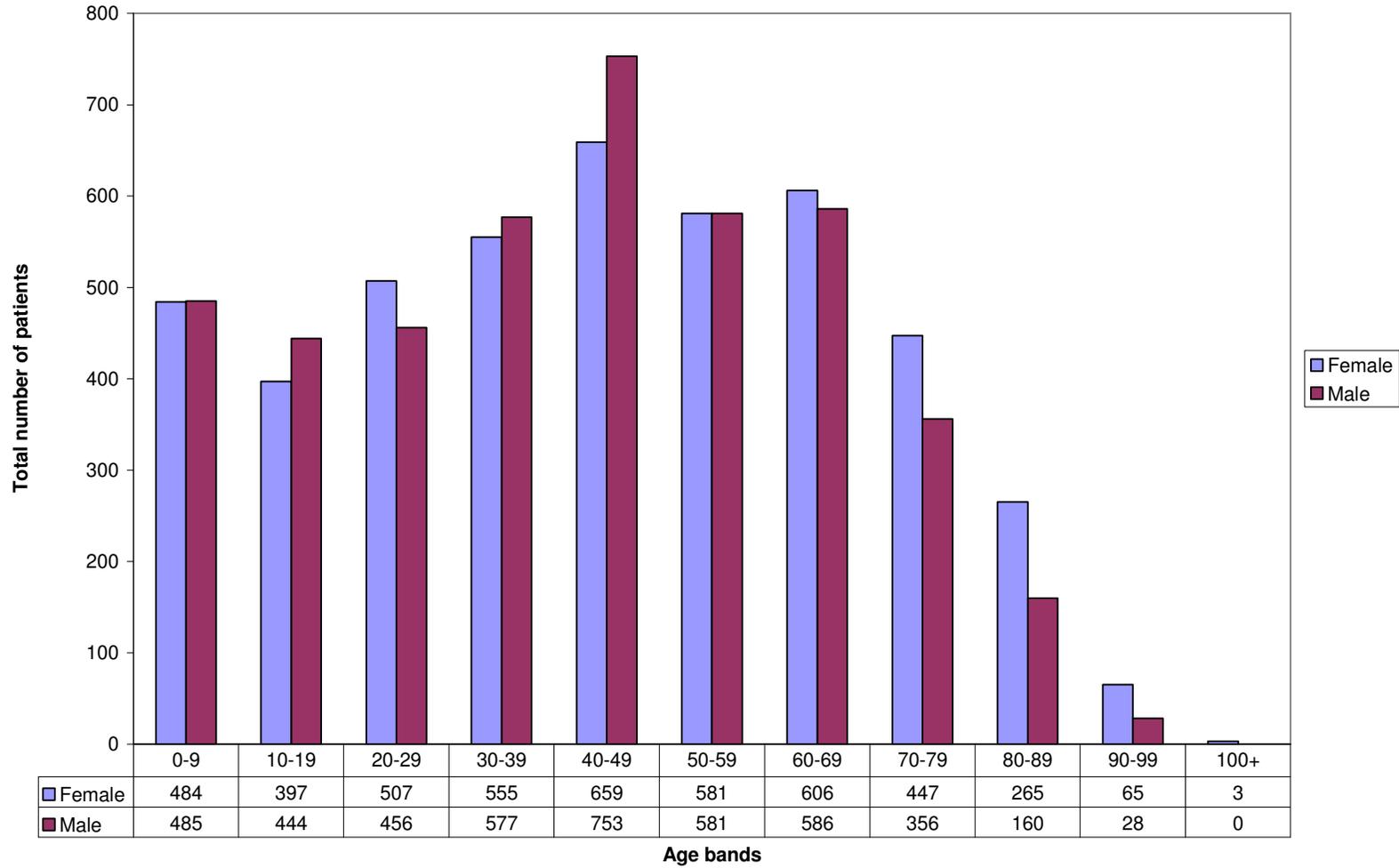
Progress against the action plan was reviewed by the group using e mail. All matters except sourcing the TV have been addressed. It was agreed that this report be uploaded to the website as required by the conditions of the DES.



**Appendix 1**



Age/Gender total of practice population





### Appendix 3

Waters Green Medical Centre, Sunderland Street, Macclesfield, SK11 6JL  
Tel: 01625 422893 Fax: 01625 424810

### June 2012

Last year you asked us

- to monitor the wait for routine appointments and keep the wait to a maximum of 4-6 working days
- to make sure those using the tannoy system spoke loudly and clearly
- to be kept informed if the doctor was running late
- to increase the choice of appointments available on line

We are continuing to monitor all these requests.

We would like to know if you have any new ideas or concerns that you would like us to consider or take up together with the patient participation group. A member of the group has handed you this form today and will be happy to take any feedback you might like to give.

Please write down any ideas or concerns you would like us to consider or act upon during the coming year

We would appreciate your involvement in future surveys. If you are happy for us to contact you, please provide your email address and we will add you to our distribution list.

E mail:.....

## Appendix 4

### APPOINTMENTS

#### Routine Appointment Wait – 46 comments

5 days not suitable, next offered was 11 days later. Called everyday to get a cancellation

Struggled to get a routine appointment this week, told to phone everyday for a cancellation or emergency. How can get an on line appt if cannot get one on phone.

Concerned about waiting time for appointments. Waited almost 2 weeks in discomfort. On the whole happy with service provided and have no other complaints

If trying to get appointment with your GP then its usually a 14 day wait.

Shorter time to wait for routine appointments.

Waiting times for certain GPs too long.

Quicker system of accessing routine appointments.

2 week wait to see your own doctor improvement needed.

I'm still waiting longer than 6 days for an appointment with a specified doctor.

It would be helpful if we could see the same doctor each visit.

Waiting times for routine appointments still tends to be 3-4 weeks.

Shorter wait for routine appointments.

Only concern is time it takes to see a particular doctor.

Just a time scale issue if you want to see a particular doctor otherwise satisfied.

Sometimes feel there is still more than a 4-6 day wait for a routine appointment. No other concerns and I have received excellent service over the last year.

Waiting time for appointment too long, 4-6 working days not achieved.

I had to wait 10 days for an appointment.

As always, difficult to book a routine appointment due to large number of patients registered who see their GP unnecessarily or book appointments in advance "just in case". I propose a fee of £5....I know it will never catch on but

Phoning for appointments is a bit of a pain. Seeing a doctor the day you really need to see one would be great. I find most things well run and organised.

I find it difficult to get an appointment with a particular doctor, otherwise happy with service given.

I normally have to wait a week to 10 days to get an appointment with the doctor who has been dealing with my problem. In this case the telephone appointments have been useful but not the same as face to face. Thank you.

Shorter waiting times for routine appts, not having to wait up to 7 days.  
Too long wait for routine appointments

Make it easier to get a routine appointment.

Would like to see doctor of choice within 48 hours.

Waited 12 days for appointment

Waited 1 month for appointment.

Routine appointments still taking 2-3 weeks

Not sure if 4-6 day commitment is being met.  
Ideal to have appointments when "ailments" are occurring – not 1-2 weeks later. Understand nature of work causes delays, good to know if GP running late. Happy with service.

I would like to be able to get a routine appointment with a female GP within 1 week. It can take 3 weeks at the moment.  
Wait was longer than 6 days when I rang in.

Appointment times, time scale from making appointment to seeing doctor too long. Doctors running late can be a problem. Service otherwise good and friendly, thank you.

See my preferred GP ideally within 48 hours as I used to be able to do this last year at my previous surgery.

Appointment times always prompt.

My recent appointment was made 2 weeks before appointment was available.

Too long waiting to get in to see the doctors.

Routine appointments still too long.

3-4 weeks too long to wait to see someone.

For some doctors takes 3 weeks.

Still room for improvement on booking routine appointments.

Wait for appointments still not good enough.

If you want the same doctor you have to wait ages – not always suitable.

Waiting times for appointments.

Only patient waiting times, everything else OK.

Waited 3 weeks for appointment

Problem with appointments

Return visit to same doctor took 3 weeks to arrange.

Appointment availability does appear to have improved.

### **On line - 7 comments**

Proper on line system for patient access

Make people more aware of how to register for on line service.

I was unaware you could book on line.

Make more use of the internet booking system, I feel it is not really pushed a lot.

Publicise the internet booking system – I am aware it exists but don't know how to organise it so I can take advantage of it.

I would like to see the option of booking on line as well.

To make it easier to access appointments on line.

### **Emergency Appointments – 8 comments**

To increase the choice of emergency appointments.

Easier access to emergency appointments for working people. More telephone triage would probably cut down need to attend surgery.

A system of returning patients calls for emergency appointments i.e. some kind of waiting list.

More emergency appointments available.

Why do you have to keep phoning back after a certain time to make a GP appointment? (emergency?)

When ringing for emergency not having to do so at specific time and be told all full.

When making emergency appointments it would be helpful if the 8am phone call could include the afternoon session as well rather than having to call back at 2pm.

Sometimes difficult to get emergency appointment – constantly engaged. However routine appointment dealt with very efficiently.

Had a few emergency appointments which ran half an hour late at least but not told of delay. Generally my view is that even though you have to be on time there is not a reciprocal arrangement.

### **Variety of appointment times – 3 comments**

Early and late appointments during the day.

Early appointments (before 8.00), late appointments after 6.

Could do with later surgeries or Sat am. Work out of town and difficult to get here in surgery hours.

### **Running late – 10 comments**

The running late time is now displayed on the monitor when you come in which is invaluable

Last time I was here I was kept waiting for an hour and was informed of the wait by staff.

When waiting, would like to be informed if Gp running late as I have 2 young boys who don't like waiting when they are ill.

New patient had booked last appointment in afternoon – left work early to get to it, then waited 45 mins.

To be advised if surgery running late.

I have never been told if the doctor is running late.

To be advised if surgery running late.

Keep waiting time to a minimum

To be seen as near to appointment time as possible and to be told if GP running late

Pleased to see we are being kept informed at check in of delayed surgeries.

**General – 2 comments**

Is there any chance of prioritising appointments by severity of patient situation?

To be able to make appointment more than one month in advance.

**RECEPTION TEAM – 8 comments**

Keeping me on hold

Inform patients of delays proactively. Politeness of staff especially when enquiring over patients ailments

Attitude of reception staff has improved greatly.

If staff at reception are very busy I personally feel it would be better if they didn't answer the phone, rather than answer and put me on hold. I was on hold for 5 minutes which, on a mobile ate up my credit somewhat. Other than that no comments.

When ringing the surgery, much more helpful and informative. Arranged for me to bring my 88 year old relative for several things in one.

Need to know doctor is running late when booking in.

Reception team to be more cheery and positive

Reception girls can be quite off at times but Drs Pickles and Hastings are fantastic doctors.

**GPs – 10 comments**

More doctors so less wait

Find as soon as I get to know someone they leave. All good.

Would like to see the same doctor on each visit.

No-nonsense diagnosis/discussion i.e. not generalising about symptoms leading to misdiagnosis or simply not using the surgery. Better listening techniques – better bedside manner.

Would like to see the same doctor each time especially for recurring problem.

Continuity of seeing same doctor preferred, however no problem with seeing who is available.

Emergency appointments need to be longer – always a huge wait, not great when you are feeling poorly.

To see the same doctor at least 3-4 times. Each time I come I have seen all doctors, I never know who my doctor is.

Delay in diagnosis of the disease based on the symptoms. Repeat blood tests are conducted.

Psychiatric patient finds some GPs more helpful than others

### **CLINICAL INFORMATION FOR PATIENTS – 2 comments**

More support/knowledge for type 1 diabetics.

Possible clinic in Macclesfield for specialist appointments rather than heading to M/C or Stockport.

Future target could include some posted information on how often checks should be done for certain things e.g. smears, whether they can be done by practice nurse or where they can be accessed.

### **CAR PARK – 1 comment**

50% of lights out in car park not working, difficult for elderly and visually impaired

### **GENERAL**

#### **Single comments – 19 comments**

Clock in waiting room would be useful

Slow the screen on the info bar. Other than this I have found the staff to be extremely helpful from reception, nurses and doctors, thanks for everything.

Happy with the surgery and the care/service I receive.

The practice should endeavour to have a practice nurse on duty every day in case of emergencies. Otherwise I am happy with all aspects of this surgery.

Keep managing last years targets.

I know this isn't a problem specific to PL surgery but there should be better provision for people suffering with MH problems. There needs to be a wider variety of counsellors available and not just for time limited therapy.

Had emergency appointment with children, of course had to wait, would be more useful if a more suitable area was available for the children.

More chairs with arms on.

Access to a nurse in a reasonable time frame. Perhaps a way to notify patients of cancellations off a waiting list.

No particular problems but agree with continuing to monitor last years priorities.

Replenish the toys and books now and then. Keep it a bit cooler in the waiting room.

I have no comments to add

Don't come to doctors very often. No concerns at the moment, quite happy.

Check in at door – unclear if you need to report to receptionist as well.

It would be good if results from hospitals etc could be e mailed to patients rather than having to ring in.

I have only recently joined the practice from London. The service I have received to date has been very good. The only comment I would make is that the waiting room gets very busy – my old practice seemed to be organised so that patients did not have to wait long.

Points 1 & 2 little improvement, point 3 covered by self check in, point 4 not applicable to me.

No concerns generally.

All above seem to have been addressed to some extent. There will always be a problem if your preferred GP is “popular”.

### **Refreshments – 3 comments**

Think it would be nice to have a drinks machine in the waiting room.

A coffee machine in atrium, would have been good after giving blood last week.

Water machines in each practice because waiting rooms are too warm.

### **Prescriptions – 5 comments**

On line prescription requests please.

A more convenient way of arranging prescriptions on line.

E mail prescriptions as soon as possible please.

Repeat prescriptions would be useful over the phone.

To improve the ability to obtain repeat prescriptions.

**Building – 3 comments**

Automatic door opening into surgery would be a boost for the disabled.

The doors are very difficult to manoeuvre a wheel chair/pram, I have struggled this morning

A bigger waiting room, which is quieter would be better if possible.

**Tannoy – 6 comments**

I can only just hear the tannoy system.

Tannoy a little indistinct at times.

To make the tannoy system loud and clear.

Tannoy system a bit louder.

Tannoy still needs to be clearer.

Basically satisfied – tannoy very poor last Friday.

**Confidentiality – 1 comment**

A line to stand behind so as not to encroach on other patients at the desk.

**Compliments – 23 comments**

I find everything here very good and don't have any problems.

Satisfied

I'm happy with it as it is.

Quite satisfied.

Very satisfied to date.

I am very happy with any contact I have with the surgery and don't have any issues at this time.

I am satisfied on the whole. The nurse service is excellent.

Fine.

Happy with the way the practice runs.

Service is very good. Text service about the appointment is very helpful.

From recent appointments everything has been fine.

Not been for years. Happy with doctors.

Happy with things as they are.

This patient is satisfied.

Very satisfied with the service.

At the moment am very satisfied.

I've been really pleased with how the surgery is run. I feel waiting times are very good and all of the doctors and staff have been very helpful. I'm afraid I therefore don't have any suggestions on how the practice could be improved beyond those already identified.

This patient is quite happy

I am very happy with the way things are

No concerns at the moment

I have no concerns with the service provided at Park Lane surgery to date. I have only been attending regularly for the past 12 months and have been made welcome by the staff and happy with the running of the system.

Points 1-4 have all improved significantly. Possibly the tannoy could still be better but I am a little deaf(not enough for a hearing aid apparently).

I think the service is good, especially OOH. So far all issues have improved over the past year but maybe informing if doctor running late slips a bit.

### **Complaints – 2 comments**

The phones are always engaged. 10 days standard for next appointment. Thinking of moving surgery

Had to go to PO for a letter recently and pay £1.50 but a one off. Had to chase my 6 week check at 9 weeks.



## General Practice Assessment Questionnaire

### 2012 GPAQ V3 Summary Report for Park Lane Surgery, Waters Green Medical Centre Macclesfield, SK11 6JL

<b>Q1</b>	97	% of patients found Receptionists helpful or fairly helpful.								
<b>Q2 &amp; Q3</b>	79	% of patients found it easy or fairly easy to get through to the practice, and	42	% to speak to a doctor or nurse on the phone.						
<b>Q4</b>	72	% of patients, if they need to see a GP urgently, say they can normally be seen on the same day								
<b>Q5 &amp; Q6</b>	86	% of patients say it is important to be able to book appointments ahead of time and	73	% find it very easy or fairly easy to do so.						
<b>Q7</b>	27	% normally book appointments in person	88	% by phone and	4	% online.				
<b>Q8</b>	25	% prefer to book appointment in person	83	% by phone and	27	% would prefer to book online.				
<b>Q9 &amp; Q10</b>	8	% of patients are normally seen by their preferred GP same day or next day; and	39	% consider this good, very good or excellent.						
<b>Q11 &amp; Q12</b>	42	% of patients are normally seen by any GP same day or next day; and	66	% consider this good, very good or excellent.						
<b>Q13</b>	14	% of patients wait less than 5 minutes,	38	% wait 5 to 10 minutes and	7	% wait more than 30 minutes for appointments to start.				
<b>Q14</b>	68	% of patients consider waiting times good, very good or excellent.								
<b>Q15</b>	86	% of patients say the practice is open at convenient times - <b>Q16</b> gives results for those for whom the practice is not open at convenient times								
<b>Q16</b>	10	% would like appointments before 8.30am	3	% lunchtimes	25	% after 6.30pm	40	% Saturdays	22	% Sundays
<b>Q17 &amp; Q18</b>	63	% of patients prefer a particular GP and	32	% of those say they see their preferred GP always or almost always.						

		Q19/25 Enough time	Q20/26 Listening	Q21/27 Explaining	Q22/28 Involving you	Q23/29 Care and Concern
GP	% Saying Good or Very Good	93	94	91	90	96
Nurse	% Saying Good or Very Good	87	85	83	76	86

<b>Q24</b>	99	% had confidence in their GP	<b>Q31</b>	84	% said their GP/Nurse helps to understand their problems very well
<b>Q30</b>	93	% had confidence in their Nurse	<b>Q32</b>	83	% said their GP/Nurse helps them cope with their health problems
			<b>Q33</b>	76	% said their GP/Nurse helps them keep themselves healthy
	<b>Q34</b>	93	% of patients say their experience of this GP surgery is good, very good or excellent		
	<b>Q35</b>	93	% of patients would recommend this surgery to someone who has just moved to this area.		

## Appendix 6

### Practice Patient Group Monday 21<sup>st</sup> January 2013 Park Lane Surgery Meeting Room

#### Patient Group

Dr Val Pickles

Chris Campbell-Kelly – Practice Manager  
chris.campbellkelly@nhs.net

Fred Coaley – [fred.coaley@virgin.net](mailto:fred.coaley@virgin.net)

Gordon Sidery – [Gordon.sidery@btinternet.com](mailto:Gordon.sidery@btinternet.com)

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David Lucas – dluccas@talktalk.net

Jane Snow – [jnsnow@sky.com](mailto:jnsnow@sky.com)

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Stephen Cooper – [jscooper1943@aol.com](mailto:jscooper1943@aol.com)

Joanne Pritchard - [Joanne.Pritchard@adelphigroup.com](mailto:Joanne.Pritchard@adelphigroup.com)

#### Apologies

Fred Coaley, Jane Snow, Emma Gilman

New member Joanne Pritchard was welcomed to the group.

The minutes of the meeting held on 25<sup>th</sup> July 2012 were accepted as an accurate record.

#### 1. Matters arising from the meeting held on 25<sup>th</sup> July 2012

New toys have been bought for the waiting room.

Chris apologised for the long gap between meetings but this was due to her being off work from September to November last year. The survey using the GPAQ questionnaire as last year took place during November and December as planned.

## 2. Patient Participation Group Direct Enhanced Service (PPG DES)

The result of the 2012 GPAQ survey and associated patient comments had been previously circulated to the group and were discussed by the meeting. Once again the group were pleased to note the high number of compliments for doctors, staff and surgery organisation.

The meeting highlighted the following matters:

There was a mix of good and not so good comments about the **reception team** which generally the meeting felt were unfair. (In 2011 98% of respondents found the team helpful or fairly helpful and this was 97% in 2012).

Several patients had commented about being unhappy with the receptionists asking for details about their condition when booking an emergency appointment. A group member thought this was very unfair as the reception staff were acting under instructions from the GPs. Dr Pickles explained that they were told to ask for two reasons. Firstly it is to ensure the patient is directed to the right source of help which might be a nurse, pharmacy or speaking to a GP on the phone rather than seeing the GP face to face. Secondly it helps the GP to have a simple explanation of the symptoms to help them prioritise their surgery list dealing with those most in need first.

Action agreed: To communicate to the practice population why receptionists ask for symptoms using a display board in reception.

There were several comments relating to the difficulty of **seeing the same GP** which the group identified from the prioritisation exercise and thought was due to most of the GPs being part time. (In 2011, 55% said they prefer to see a particular GP and 31% of these said they always or almost always saw their preferred GP. These figures were much the same in 2012 being 63% and 32%). It was agreed that we suggest ways of seeing the GPs who you know for on going care such as getting to know 2 GPs who work at opposite ends of the week.

Action agreed: To suggest ways of ensuring on going care during a period of illness and communicating this on a display board in reception. GP and Nurse timetables to be displayed too.

There were several comments relating to **getting through on the phone** when trying to book emergency appointments **at 8am and 2pm**. (In 2011 84% of patients found it easy or fairly easy to get through to the practice although this did not relate solely to ringing for emergency appointments. In 2012 this was 79%.) In December 2012 there were software changes to the practice telephone system which now make it easier for staff other than those at the front desk to handle direct calls in to the practice.

Action agreed: The reception team will be reorganised in order to have more call handlers in place between 8.00 – 8.30am and 2.00 and 2.30pm.

There was a comment about getting **prescriptions** over holiday periods. Although this only came from one person it was agreed that basic information about ordering prescriptions and the options open to patients should be highlighted on the display board in reception.

Action agreed: To inform patients of the process of ordering prescriptions

In 2011, 21% of patients said they would prefer **to book appointments on line**, this rose to 27% in 2012. The practice has offered on line booking for a long time but do not seem to have communicated this to patients.

Action agreed: To advertise the on line booking service more aggressively.

In 2011, 88% of patients said they wanted to book ahead and 75% found it easy to do so. In 2012, 86% said they wanted to book ahead and 73% found it easy to do so. The practice remains vigilant in monitoring **availability of appointments** and tries to keep to its promise that the wait for a routine appointment would be kept at no more than 4-6 working days. The group also asked that GPs should be aware of appointment availability when they tell patients to come back in a certain time frame and who they should see.

Action agreed: To pass on this request to GPs

Other actions agreed related to waiting in the **waiting room**. Sometimes the tannoy was too quiet. David agreed to come and look again at moving the speakers for the system so they were not right by reception who are trying to answer the phones.

Matters highlighted in the prioritisation exercise were also to be picked up again these being an explanation of how the automatic check in works, and looking into using a TV for information sharing.

Finally the group agreed that it would be a good idea to **re-do the photo board** of GPs and nurses so patients could put names to faces. Bert agreed to give the practice a name of an amateur photographer who could help with this.

### 3. HealthVoice

Chris continues to forward the agenda and minutes of the HealthVoice meetings run by the CCG. The meetings are held every 6 weeks and

anyone is free to attend regularly or on an ad hoc basis if they have matters they wish to raise.

#### **4. Surgery Update**

The practice nurse team is changing after being stable for the last 7 years. Vicky Bell has left and gone to work on a Cardiac Community team and Nicky Walton will be leaving us on 8<sup>th</sup> February to take up a post at Bollington Surgery. Erin Gillingham has been appointed to replace Vicky and as a nurse new to practice nursing is undergoing intensive training for her role. Interviews for a nurse to replace Nicky take place on 24<sup>th</sup> Jan.

Dr Heyworth finally retires on 31<sup>st</sup> March 2013. The practice is looking at how the evening appointments he currently provides might continue to be offered to patients.

The 6 Waters Green Practices are now aligned to named nursing and residential homes. Our surgery is working with Woodlands Care Home, The Rowans and Genesis Care Home. The idea is that clients in these homes register with our surgery and we take responsibility for pro actively caring for these people rather than just responding in a crisis. It also enables the surgery to build up good working relationships with the staff in the homes. Patients still have choice and if they move into a home not covered by their practice they can remain with their preferred practice should they wish.

#### **5. A.O.B.**

No items of any other business were raised.

CCK  
23/1/13

Topic Identified	Source	Proposal by Patient Group	Actions needed by practice	Due date	Actions Taken	Completion date
Patients unhappy about being asked symptoms when booking emergency appointments	GPAQ comments	To use posters to give explanation as described by GP	Devise poster	1.2.13	Poster completed and displayed   Poster Display	29/1/13
Patients appear to be asking questions about appointments and booking systems that we already use including automatic check in	Prioritisation exercise and GPAQ	To create a surgery notice board highlighting systems including on line booking, leaflet and GP and nurse timetables	Create posters	1.2.13	Poster completed and displayed	29/1/13

Seeing the same GP for on going periods of care seems to be an issue	Prioritisation exercise and GPAQ	Using display board highlight suggestion of how patients might get continuity of care with a PT GP workforce	Create poster	1.2.13	Poster completed and displayed	29/1/13
Getting through on the phone at 8am and 2pm	GPAQ	Look at new way of handling the emergency calls.	Utilise the new telephone computer software to increase the number of call handlers at 8am and 2pm	30.1.13	Pilot study wks/c 4/2/13 and 11/2/13. 4 call handlers between 8-8.30 and 2-2.30 when staffing allows. Audit to be kept	Despite staff shortages in week one 38 more calls were answered first time and 34 calls in week 2.  This change to the staff rota was adopted permanently from week beginning 18.2.13
Some patients don't understand can order medicines early if going away	GPAQ	Need to make prescription process clearer	Use the display board to describe prescription ordering process	1.2.13	Poster completed and displayed.  On line prescription request enabled and advertised	29/1/13  4/2/13

Park Lane Surgery  
 Patient Participation DES 12-13  
 Action Plan agreed 25.7.12/updated 21.1.13, 19/2/13

Appendix 7

GPs being aware of appointment availability when instructing patients to make follow up appointments	Prioritisation exercise	To pass request on to GPs	Put on practice meeting agenda	29.1.13	Discussed at GP meeting on 29/1/13   Microsoft Word Document	29.1.13
Patients feel it is important to be able to put names to faces of clinical staff	PPG meeting	To re-do practice photo board	Organise photographer	28.2.13	PM met with photographer 4/2/13 to discuss options	Decision to wait until new nurse and new GP in place before setting up photo shoot.
The need to be able to give patient population up to date information	PPG meeting	Investigate addition of a TV to waiting room	Source TV and review costs	31.3.13	19.2.13 To seek advice from Hospital Estates who have a similar screen in A& E. Awaiting response at 11.3.13.	