
Apsley Surgery Profile

The Practice operates in an area of high socio-economic deprivation and looks after patients with extremely complex health care needs ranging from Asylum Seekers who often suffer Post Traumatic Stress Disorder due to previous trauma/torture to house bound nursing home patients with end stage dementia. Because of high levels of local unemployment the Practice treats a number of patients with substance abuse problems often compounded by severe depression. The Practice also looks after 29 patients in a secure unit with severe mental health/behavioural problems and 7 patients in a unit for patients with severe learning disabilities.

In addition to this the Practice has high prevalence's for chronic diseases- particularly diabetes (due to a large proportion of Asian patients being registered with the surgery) and also COPD due to high numbers of smokers.

APSLEY SURGERY'S PATIENT PARTICIPATION GROUP

Apsley Surgery has benefitted from having a Patient Participation Group or PPG since 2004. The remit of the group has always been to represent patients and their needs (particularly in terms of services) and to ensure that the Practice acknowledges patient needs and welfare as its primary focus- particularly challenging given the National focus to meet targets and to make huge financial savings within the NHS.

Recruiting members

The majority of the current 8 patients who compromise the PPG have been personally recruited- particularly in the initial stages of the group when the right balance of skill mixes was required to support the group as it established itself. Since 2004, a few members of the group have left (two sadly have passed away and 1 left due to difficulty juggling PPG and work commitments) and several more members have joined us including the husband of one of the original members, a retired local school teacher, an African lady who works in social care and an Asian business man who does a lot of charity work in the Cobridge area.

Because of the high prevalence of chronic diseases the Practice sought to recruit members to join the PPG who suffered 1 or more chronic disease and currently the PPG has members within it who suffer from diabetes, hypertension, asthma, COPD and heart disease. The perspective of these patients is crucial as they experience far more of the surgery's services than other 'well' patients and more often than not experience a range of community and secondary services (such as podiatry and retinopathy screening for diabetic patients)

The Practice does promote the PPG quite aggressively and regularly 'advertises' for new members to join the group- particularly younger patients or patients from a BME community (see below for more information on the Practice demographics). Currently there are adverts for patients to join the PPG on the website and also in the comprehensive Practice leaflet which is issued to all new patients on joining the Practice. In addition, all BME patients are informally asked during New Patient Medical Checks if they would be interested in joining the Practice but up to yet the Practice hasn't had much success with this.

In addition to the traditional PPG model, the Practice also has approximately 100 members within the 'virtual' PPG (although all of these patients are computer literate)

Number of Registered Patients	Number of Registered patients of BME origin	Number of registered patients for whom English is not their 1 st language	Number of patients registered with alcohol/drug dependence	Number of patients registered with a moderate/severe learning disability	Number of patients registered who reside in a nursing home	Number of patients registered with the Practice who are on long term sick leave
5424	542	874	187	33	72 (66 of these have dementia)	221

Structure of the Group and PPG meetings

The Group meets on a Tuesday evening every other month. Agenda's are sent out approximately a week in advance and generally the agenda is split 50% in terms of items of relevance for the Panel and 50% in terms of items of relevance to the Practice. Meetings are chaired by recently appointed chair Janet Griffiths who works as a radiographer at UHNS. After the sad death of our former chair Reverend Ivor Davies, Janet seemed likely an obvious replacement because of her popularity and her ability to keep the group focused. In addition, Janet's role at the hospital means she is well placed to comment on proposed changes or developments in both the radiology department and UHNS as a whole which directly impacts on patients at the Practice. Preeya (Assistant Practice Manager and PPG lead for the Practice) acts as minute taker and minutes are circulated amongst all members of the panel within two weeks of the meeting. At the following meeting, any actions from previous meetings are followed up to try and ensure that the group is always ahead of the curve.

Age/sex breakdown of PPG members

	18-30	31-40	41-50	51-60	61-70	71-80
Male				1	2	1
Female		1		1		2

(N.b, the PPG has two new potential members keen to join the panel 1 female aged 22 and another female aged 51)

Surveys

On the Practice's website, patients have the option of completing the standardised GPAQ survey. In addition the Practice has been distributing a similar 'tweaked' version to all patients attending for an appointment with a clinician. Both focus on common Practice themes including opening hours, premises, patient access, reception issues and specifics within a consultation.

In terms of analysing results the Practice printed off the 20 completed questionnaires and utilised this in conjunction with the 150 questionnaires which patients completed having seen a GP/Nurse Practitioner/Practice Nurse

Whilst the Practice has scored quite highly with regards to premises and opening hours with 36% of patient's surveyed rating the Practice's opening hours as excellent and 31% 'good', access to a preferred GP hasn't scored so highly with 45% of patients having to wait 5 or more working days. For some time now, the Practice appointment system has been a bugbear for patients and staff alike and so the Practice proposes a trial of overhauling this. Possible solutions to tackle this include employing an additional Nurse Practitioner to deal with the barrage of minor ailments and illnesses which the Practice is having to deal with on a day to day basis which would hopefully free up GP slots for patients requiring a review of on-going problems and would therefore mean that patients would have easier access to their preferred GP (at the minute 45% of surveyed patients are having to wait for a minimum of 5 working days to see their preferred GP). Another solution would be to remove the current 'embargoed' slots for on the day appointments and therefore to remove the option of patients becoming follow up appointments weeks or even months in advance. At present the Practice tries to balance the need for both types of appointments.

Previously, the Practice had tried to promote the 'Minor Ailment's' scheme which runs nationally at various pharmacies but recently the Practice has stopped promoting it to the extent it did previously because patients often felt fobbed off by this and Whatsmore the Practice had no control over the level of patient education offered to enable patients to self manage to some degree (where possible) in future.

Another issue which the survey has unearthed is the amount of time patients are waiting in the waiting room prior to their GP appointment. This doesn't apply to all GP's however so senior management will address this with the respective GP's and all reception staff will be reminded to alert patients to the fact that GP's are running late and to offer an apology.

Norton patients in particular have commented on the poor facilities within the Norton premises which is something the Practice was expecting and which the Practice will have to consider in light of CQC.

PPG chair person's report on patient survey

The Practice's PPG chairperson was sent the above report together with the analysis of the completed questionnaires and she commented on the following:

- 'Preferred GP access again shows the need for permanent named doctors'-
The Practice is fully aware that patients need permanent GP's and are now in the process of welcoming 2 of our lady doctors to join the Practice on a permanent basis.
- 'Additional nurse practitioner won't stop people wanting to see a doctor'-
The Practice's current Nurse Practitioner is extremely popular and to increase this would be seen by clinicians as offering an above average service.
- 'I don't understand how the removal of embargoed slots for an on the day appointment removes the option of follow up appointments'-
By removing embargoed slots all reception staff could effectively book any available appointments which could substantially reduce or even remove the option of pre-bookable/follow up appointments.
- Regarding the length of time patients wait to see GPs:- If the doctor is "told off" for keeping patients waiting, are they going to rush patients who need more time? A good idea for staff to alert patients in reception of any delays-
Perhaps time management support could be offered to all clinicians. Generally, reception staff will alert patients if a clinician is running late but all reception staff will be further reminded of this.
- I am not a fan of GP's ringing patients as a rule of thumb, but very good if you can "trust" the patient-
Telephone triage is vital to the operation of the Practice. Yes, patients have to be accurate historians for this to take place but all GP's/Nurse Practitioners receive specific training to enable them to do this and although it often results in a face to face consultations a telephone conversation helps a clinician assess workload priority.

Practice action plan- agreed with PPG

- 1) Trialling of alternative appointment systems to try and improve patient access to preferred GP in particular- We have stopped promoting the minor ailments scheme and we propose to continue to do this. In addition we have used additional locum GP's for a 6 month period which has effectively cleared our appointment 'backlog'.
- 2) Advertise for an additional Nurse Practitioner. If a successful candidate is recruited, undertake appointment access audit to see how this alters both on the day access and access to a patient's preferred clinician- Additional nurse practitioner has been appointed and will be in post from June 11th 2012.
- 3) Offer time management training for clinical staff to try and minimise waiting time for patients.- The majority of patient feedback re: patient waiting times centred around locum GP's and know the Practice has 3 permanent GP's in post this should be less of an issue. The

Practice still proposes to monitor the situation through patient complaints and our 2012/13 survey.

- 4) All reception staff to inform patients if a clinician is running 10 or more minutes late- all reception staff now do this from April 1st 2012.
- 5) Poster to appear waiting room highlighting that Survey has taken place and for report to appear on the Practice website- Poster is up in the Practice waiting room

Practice opening hours:

Monday 8am- 6.30pm

Tuesday 8am-8pm

Wednesday 8am-6.30pm

Thursday 8am-5pm

Friday 8am-6.30pm