Pulborough Medical Group



Local Patient Participation Report March 2012

PMG, Pulborough Primary Care Centre, Spiro Close, Pulborough, RH20 1FG Practice Manager: Mr. Alan Bolt **T:** 01798 872815



Executive Summary

The following report outlines requirements for a Local Patient Participation Report to satisfy the Patient Participation Direct Enhanced Service 2011 – 2012 requirements as directed by the;

THE NATIONAL HEALTH SERVICE ACT 2006

The Primary Medical Services (Directed Enhanced Services) (England) (Amendment) Directions 2011 Insertion of new direction 12A - "Patient Participation Scheme".

Pulborough Medical Group	Practice Manager:
Pulborough Primary Care Centre	Mr. Alan Bolt
Spiro Close	
Pulborough	
RH201FG	
T: 01798 872815	
Number of full time doctors (FTE)	5.5
Number of patients	12,400

Our practice is based at the new purpose built Pulborough Primary Care Centre at Spiro Close, Pulborough.

Our Doctors, Nurses, Health Care Assistants and other health care professionals provide a wide range of clinics and services to over 12,000 local residents in Pulborough and the surrounding area.

Under a contract with West Sussex Primary Care Trust we offer all core NHS funded General Medical Services to our registered patients as well as a range of enhanced services. We also offer a range of private services and clinics (such as insurance medicals, private sick notes and certain vaccinations) that are not funded by the NHS.

Patient Participation Direct Enhanced Service Methodology:

The practice engaged with NETbuilder to provide their comprehensive managed survey solution, NBSurvey, to enable the collection of views from patients in multiple locations across various demographic groups. This enabled us to canvass our patients opinions via an input channel most suited to them, from physical paper and in-practice touch screen kiosks / laptops, through to virtual online surveys.

Pulborough Patient Link Summary:

The current number of members for the Pulborough Patient Link (PPL) is ~500. There is a PPL Committee that represents the PPL and meets bi-monthly with the practice to discuss, amongst other items, the results from the surveys and action plans.



Results Summary:

ltem	Total
Number of Surveys	7
Number of Responses	665
Number of Input Channels	4

Outcomes and Action Plan Summary:

PMG has had and will continue to have discussion with the PPL committee regarding the services provided by the practice.

The PPL Committee are provided with the results from each survey and given sufficient time to review the results with the PPL before discussion with the practice. Results are distributed via a newsletter which patients can receive electronically or by post.

Face to face committee meetings are held bi-monthly as a forum for these discussions.

Initial discussions highlighted the need to change access to the surgery and continuity of care.

The following changes were implemented:

- Access
 - . The number of phone lines were doubled
 - All phones are manned during peak times
- Continuity of Care
 - A rota system has been put in place to ensure slots are available for patients with long term care requirements to book appointments with their doctor.

Reflections on the Patient Participation Enhanced Service for 2011-2012:

This has been a very positive experience for PMG and those involved in the development of the PP DES. First and foremost, the real-time nature of the survey reporting has facilitated prompt change where appropriate. Longer-term plans for the evolution of patient services have also been enabled and will help to guide staff to focus resources where required.

In general the surgery has had a positive response to the PP DES both in terms of the results of the survey and the contribution from patients. The practice must now continue to build on its communication with patients enabling a good flow of communication to and from the practice.



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About The Practice

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Under a contract with West Sussex Primary Care Trust we offer all core NHS funded General Medical Services to our registered patients as well as a range of enhanced services. We also offer a range of private services and clinics (such as insurance medicals, private sick notes and certain vaccinations) that are not funded by the NHS

The Doctors

Dr Peter Hard Dr Tim Fooks Dr David Pullan Dr Amelia Bolgar Dr Jaideep Jadav Dr Ann Summersgill Dr Jonathan Serjeant Dr Guy Mitchell MB.BS. DRCOG

BSc(Hons) MB.BS. MRCGP. DCH. DRCOG BSc(Hons) MB.BS MRCGP. DCH. DRCOG MB.BS. DFFP. MRCGP MB.BS MB.BCh, MRCP, DRCOG, MRCGP MRCGP MB BS. MRCGP, BANSV

Trainee GP's

We are now a training practice and as a result we now have a number of Trainee GPs working at the practice who are available for appointments.

Dr Sarah Martindale	ST3 With PMG Until 31st July 2012
Jenni Clayton	ST2 With PMG Until 3rd April 2012
Ena Satish	ST3 With PMG Until Sept 2012
Dr Abu Belal	ST1 with PMG From April 2012- 31st July 2012
Dr Ray Ghazanfar	ST3 with PMG From 1st August 2012 Until July 201

The Practice Staff

Practice Nurses

- Pippa Keatley
- Tracey Rydon
- Trish McKinlay
- Karen Morgan
- Beverley Richards



- Jenni Elliott HCA
- Petula Mitchell HCA
- Carole Santillo (Phlebotomist)

They see patients for a variety of conditions and hold Diabetic, Heart Disease, Respiratory, Family Planning, Cervical Smears, Baby vaccination and immunization, Travel and Leg Ulcer Clinics

District Nurses/Community Nurses (Attached Medical Staff)

Jan Ryan District Nurse, leads a team of community nurses who visit people in their own homes, across the whole age range, offering advice and support to promote independent living and specialized nursing care when required which would include life limiting illnesses, wound management and chronic disease management

Community Midwife (Attached Medical Staff)

A team of midwives come from St Richards Hospital, Chichester and Worthing and Southlands Hospital to undertake weekly clinics in the surgeries. They work closely with our doctors to care for mothers before and after delivery of their babies

Mental Health Team:

A range of services to help and support patients are offered in the surgeries and the following team members undertake sessional work.

Counsellors

Kat Justesen, Maria Fragkou, Michelle Brown

Sussex Alcohol & Substance Services

Psychologist:	Dr L Harrison
Consultant Psychiatrists:	Dr S Allen
Community Psychiatric Nurses:	Rob Ainslie and Paul White

Social Services

A Horsham based team can help with your housing and financial queries.

Cordens Chemist

Pharmacists: Dave Roberts, Ruth Snelson and Sue Oliver - offering expert advice on medication, minor illness and well being



Opening Hours

Normal Opening Hours

Pulborough Medical Group is open from Monday - Friday, 8.00 am - 6.30 pm.

Extended surgery Times

MONDAY:7.00 AM - 8.00 AM TWO EXTRA GP SURGERIESTUESDAY:7.00 AM - 8.00 AM TWO EXTRA GP SURGERIESFRIDAY:7.00 AM - 8.00 AM TWO EXTRA GP SURGERIES

These early morning slots are for those patients who are unable to attend the surgery for a routine appointment during our existing opening hours.

Bank Holidays when the surgery will be closed

- Good Friday 6th April
- Easter Monday 9th April
- May Bank Holiday 7th May
- Diamond Jubilee 4th & 5th June
- 27th August
- Christmas 25th & 26th Dec

Home Visits

Home visits are available for patients who are too ill to visit the surgery.

When the Surgery is closed

From Monday to Thursday between the hours of 6.30 pm & 8.00am, and from 6.30pm Friday to Monday 8.00am, patients care is managed by the **Harmoni** 'Out of Hours' Service.

Patients with urgent medical problems or who require advice when the surgery is closed are advised to telephone Harmoni (PMG Main line 01798 872815) and their receptionist will deal with the call.

In the event of a medical emergency patients are advised to call 999.



Local Survey Methodology

The practice engaged with NETbuilder to provide their comprehensive managed survey solution, NBSurvey, to enable the collection of views from patients in multiple locations across various demographic groups. This enabled us to canvass our patients opinions via an input channel most suited to them, from physical paper and in-practice touch screen kiosks / laptops, through to virtual online surveys.

Findings from previous studies carried out by NETbuilder exposed that multiple short surveys with a maximum of 8-10 questions each are more effective than one long survey running continually throughout the survey period. Each survey was customised to the investigational design and measures, for example measuring how effective it is for patients to get an appointment using a short survey (The Access Survey). Additionally, this encourages patients to give feedback for the areas relevant and important to them.



The NBSurvey Methodology



Step	Description	Surgery Comments / Experiences
Continual Development of Patient Reference Group (PRG)	The PRG is a representative group of patients from the practice. They are responsible for providing feedback to surveys and collaborating with the practice to analyse the results and agree realistic change opportunities.	Our patient liaison group, Pulborough Patient Link (PPL) has formed a Committee. Each year they endeavour to produce newsletters and organise joint health events with the Practice. Social events also take place during the year. This group provides an important link between the surgery and patients. We urge patients to become members and be involved in helping to shape the future of their medical service for the years ahead. The Pulborough Patient Link (PPL) has a number of aims - all designed to benefit patients in the Pulborough Medical Group Practice. The PPL is independent of the Practice but works closely with its staff to maximise the benefit to patients.
		We have ~ 500 patients that belong to the PPL of which 15 belong to the committee.
Determine Priority Areas	 Key areas include but are not limited to the following: Access Overall Satisfaction Seeing a Doctor See a Nurse The Reception The Surgery Environment Demographics Specialised Clinics (e.g. Flu, Vasectomy) The PRG and other patients complete the Patient Priorities Surveys to priorities the areas (above) to determine the order in which key areas are addressed by the practice. Patients are also given the	The PPL Committees meets bi- monthly; there is always an agenda item to discuss patient feedback. The Committee represents the views of the PPL and are not only able to provide valid input into future actions plans but also help us determine the key areas to survey next.



	opportunity to provide comments regarding other areas they would like to see addressed.	
Design & Build Surveys	The practice work closely with NETbuilder to design and build the surveys. Each survey is designed to measure the patient's view of the identified key areas. Each survey contained between 8-10 questions. Patients are able to choose to complete the surveys they believe are relevant to them and ignore those that are not.	As well as using the standard 8-10 question surveys we have also created some more specialised surveys to be used for feedback after specific patient treatments, for example 'Vasectomy Post-Operation Survey'. These surveys are e-mailed to patients following their treatment. This allows us to receive more specific feedback relating to this treatment and the care received.
Decide on Input Channels and Publish Surveys	The practice worked closely with NETbuilder to agree which input channels are suitable for the surgery and patients. Input channels available are: Surgery Kiosk Web Portals Laptop Paper Face to Face Each survey can be used on (published to) one or more of the input channels listed above.	 We used the Input Channel Evaluation Criteria to help us decide which channels to use for PMG Surgery: In-surgery Kiosk(s): to capture patients from all demographics visiting the surgery. We have placed a kiosk in the reception area and the waiting room. Paper: available in the surgery and at PPL Meetings as an alternative to the kiosk or to be completed on behalf of others if required Specialised Clinics Portal Table PC's: Used at PPL Meetings
Advertise Feedback Channels	 Inform patients of the available input channels and current surveys, in order to create a greater number of participation responses. Types of promoting include but is not limited to: Encouragement slip given by the doctor Posters Leaflets News Letters Encouragement from all Practice Staff & PRG Surgery Website Notice Board 	Input from all practice staff is essential. Our doctors and nurses fully support the PP DES and not only encourage patients to provide feedback be also set an example to all other practice staff. We advertise the importance of providing feedback on our website and TV Screens in the waiting room. Our results are published on our website and they are included in the PPL newsletter.
Capture Patient	Patients complete surveys using the	Although patients at PMG are now



Experience	available input channels as listed above.	familiar with using the touchscreen kiosk we are happy to provide as many alternatives methods as possible to ensure all patients have the opportunity to take part.
Produce & Distribute Reports	Results in the form of reports are produced for each individual survey and distributed via the Practice Website, Practice Meetings, Surgery Notice Board, PRG consultations.	These have been welcomed by patients and we have made the reports available on our Website and via the PPL newsletters.
Collaborate with PRG to Analyse Results	The Practice Manager will discuss & analyse the survey results with the Practice Doctors and then discuss with the PRG for further analysis.	Results of the survey are discussed with the practice partners and the PPL Committee.
Agree Action Plan	An agreed action plan between the PRG & Surgery will be created according to the outcome of the analysis from the results.	Details provided in the section Discussions & Action Plans below.
Implement Change	Practice must obtain the agreement of its local PCT to its proposals for any significant change, e.g. change of opening hours. Approved changes can then be implemented.	Details provided in the section Discussions & Action Plans below.

Input Channel Evaluation Criteria

Input Channels should be thoroughly evaluated for their suitability for use by patient belonging to a practice. The following table describes the advantages and disadvantages of each input channel currently supported for practices.

Input Channel	Advantages	Disadvantages
Paper Surveys	 Suitable for a large percentage of patients across most services Known and trusted media for many patients 	 Production, deployment and collection of surveys required Data input required
Public Web Surveys	Instant feedbackFast deployment of surveyEasily changeable	 Limited to patients with internet access Limited to patients with the ability to use technology
Email Surveys	Instant feedbackFast deployment of survey	 Limited to patients with internet access



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	 Easily changeable Excellent for tracking feedback for specific treatments (e.g. specialised clinics) 	 Limited to patients with the ability to use technology Limited to patients with email accounts Limited to patients who have provided Trust with email addresses
Phone Surveys	 Instant feedback Fast deployment of survey Easily changeable Excellent for tracking feedback for specific treatments 	 Limited to patients with telephone access Limited to patients with the ability to use a telephone Additional cost to practice
Touch Screen Kiosks	 Immediately and conveniently accessible before and after appointments Instant feedback Fast deployment of survey Easily changeable 	 Limited to patients with the ability and willingness to use a touchscreen kiosk Requires suitable physical location
Touch Screen Tablets / Laptops	 Instant feedback Fast deployment of survey Easily changeable Immediately and conveniently accessible before and after appointments Portable Fashionable 	 Limited to patients with the ability and willingness to use a touchscreen tablet Requires overnight charging
Standard Desktop	 Instant feedback Fast deployment of survey Easily changeable Immediately and conveniently accessible following treatment 	 Limited to patients with the ability and willingness to use a desktop PC Requires suitable physical location Requires protection from being damaged, lost or stolen
Face to Face interviews	 Instant feedback (proving tablet used to input response) Fast deployment of survey Easily changeable Immediately and conveniently accessible following treatment Patients able to converse with a person, puts at ease Rapport building 	 Canvasser must be independent Additional resource required Patients may be reluctant to give honest answers to canvassers



Patient Reference LINK

Membership

Member Profiles

Members of the PPL are recruited from patients registered at PMG Surgery.

The PPL is responsible for:

- improving communications between the medical staff and the patients
- making patients aware of innovation and changes within the practice
- acting as a channel to receive patients' suggestions and constructive criticism offering a forum for the discussion of topical health issues
- encouraging self-help and support groups for patients with particular needs
- plans to raise funds for the purchase of equipment that will improve the treatment offered to patients.

The PPL is run by a Management Committee; PMG is represented by Dr Tim Fooks and Practice Manager, Alan Bolt. A number of events have been organised and a Constitution has been agreed. In due course we may seek Registered Charity status.

PPL Recruitment & Representation

In order to ensure that members of the group are fully representative of our registered patients, the Surgery uses the following means to recruit:

- Our website
- The PPL Newsletter
- Posters on full view in reception and waiting areas
- Leaflets available on reception desk
- Leaflets in consulting rooms for GP's to recruit individuals, in particular those who may not be aware of the PRG in the methods already mentioned or are unable to access them in any way
- On new patient registration forms
- Leaflets sent to organisations such as Nursing homes/sheltered accommodation

The current number of members in the PPL is ~500. Recruitment is on-going using all the methods described above.

Note: Feedback is not solely reliant on the PRG, surveys are also completed by other Patients from the Practice via the surgery kiosk and web portals etc.

PPL Agreement of Priorities

The Practice seeks advice from the PPL to determine the keys areas need to be addressed regarding the surgery environment and services we offer. All means of communication as described earlier in this report were used to gain feedback from the Patients.

During the last year the practice and the PPL agreed to run the following surveys in order of importance:

- PMG Health Guide and Information Pack
- The New PMG Appointment System
- Contacting PMG
- Access
- Patient Satisfaction
- Vasectomy Survey
- Vasectomy Post Operation Survey

In addition we asked our patients what we should be asking to help shape the future of our surgery, the majority of comments covered:

- The provision of good information
- Flexible appointment times
- More telephone lines

Results, Outcomes & Findings

Summary Information

Item	Total
Number of Surveys	7
Number of Responses	665
Number of Input Channels	4

Survey results by Input Channel

Survey	Tablet PC	Kiosk 1	Kiosk 2	Website	Total
Access	36	0	0	0	36
Contacting PMG	0	61	1	0	62
Patient Satisfaction	0	241	90	0	331
New Appointment System	0	58	5	0	63
Vasectomy Post-Op	0	0	0	23	23
Vasectomy	0	0	0	94	94
PMG Health Guide and Information Pack	0	51	5	0	56
Total					665

Representation of Registered Patients

Our Practice took the strategic decision not to solely reply on our PPL for feedback to our surveys and wanted to capture the views of as many of our patients as possible. To support this decision we invested in two touchscreen kiosks and web portal technology. The intention was to encourage patients visiting the practice to provide us with "in the moment" feedback about the service they had just received. The web portals enable us to reach-out to patients who are unable to visit the surgery. In addition, all surveys can be requested in paper format.

We believe that this strategy will provide the practices with feedback from a representative demographic of our patient population.



Survey Results

Detailed reports for each survey can be found on PMG's website <u>http://www.pmgdoctors.co.uk</u> All results were discussed with the PPL and relevant practice staff, the key outcomes for each survey are highlighted below.

PMG Health Guide and Information Pack

- 80.36% of Patients said they have kept a copy if the PMG Health Guide.
- 82.14% of patients said they had fully read or scanned through the PMG Health Guide.
- Patients found the following information useful:
 - . General Practice Information 91.30 %
 - . Medical Advice 32.61 %
 - . Useful contact Numbers 32.61% (60.87% said they did not know)
 - . Local Adverts 47.83%
- 51.79% of patients said they read about the PPL.
- 12.50% said the information about the PPL encouraged them to join, 17.86% said they were already members.
- 60.71% of patients said they would like to receive a similar information pack in the future.

The New PMG Appointment System

- 74.60% of patients were not aware of developments made to the booking an appointment system
- Patients rated the following as 'important' or 'very important' to them:
 - . Being able to book in advance 96.83%
 - Being able to choose a time slot 100%
 - Being able to choose who you see 42.86%
- 53.97% of patients said they would use an on-line booking service if it were available.

Contacting PMG

- Patients had the following experience when contacting the surgery by telephone:
 - . Always get through to a receptionist- 67.74%
 - . Always get put into a queue 14.52%
 - Always call back because it is engaged 8.06%
- 67.74% of patients think the phone system meets their needs.
- The following reason were given for the phone system not meeting patient's needs:
 - . I don't like being put in a queue 25%
 - . Takes too long to get through 37.50%
 - . There are not enough options 12.50%
 - . It is always engaged 22.50%
 - . Other 2.50%



Access

- 72.22% of patient said they had tried to see a doctor on the same day or next two working days.
- Of those patients that tried to see a doctor on the same day or next two working days 73.08% were able to.
- Of those patients who were unable to see a doctor on the same day or next two working days, the reason for this was either No appointments available (50.00%) or their doctor wasn't available (33.33%).
- 61.11% of patients said they had tried to book ahead (more than 2 full working days) for an appointment with a doctor.
- Of those that said they had tried to book ahead to see a doctor, 68.18% said they were able to.
- 69.44% of patients said they do know the opening times of their surgery of health center.
- Patients were asked to rate from 1-5 (1 very dissatisfied and 5 very satisfied) how satisfied they are with the opening times:
 - . 1: 48.00% (very satisfied)
 - . 2:20.00%
 - . 3: 28.00%
 - . 4:0.00%
 - . 5: 4.00% (very dissatisfied)
- Patients were asked to rate from 1-5 (1 very dissatisfied and 5 very satisfied) how satisfied they are with the care they receive at the surgery or health center:
 - . 1: 33.33% (very satisfied)
 - . 2:33.33%
 - . 3: 22.22%
 - . 4:8.33%
 - . 5: 2.78% (very dissatisfied)

Patient Satisfaction

- 91.54% of patients said the doctor was friendly and made them feel at ease
- 91.85% of patients said the doctor give them enough time to fully describe their illness
- 90.94% of patients reported that the doctor was good or excellent in showing care, compassion and seemed genuinely concerned
- 92.13% of patients indicated that the doctor was good or excellent when listening and paying close attention to what the patient had to say
- 90.94% of patients said the doctor made a plan of action with them and discussed the options and involved them in decision making
- 91.58% of patients rated their consultation with the doctor good or excellent

Note: 329 patients provided feedback for this survey for 12 doctors.

Vasectomy Survey



- 100% of patients said they were given adequate post-operative information sent to them
- 98.94% of patients found the discussion with doctor or nurse helpful before the operation
- 98.94% of patients said that they felt comfortable having the procedure done at the surgery
- 98.94% of patients rated the facilities at the surgery as good or excellent
- 98.94% of patients rated the doctors manner and communication as good or excellent
- Patients were asked to rate from o-4 (o being none and 4 being severe) any pain that was felt during the operation:
 - . 0: 36.17% (None)
 - . 1: 39.36%
 - . 2:18.09%
 - . 3: 5.32%
 - . 4: 1.06% (Severe)

Vasectomy Post-Operation Survey

- Patients were asked to rate from 1-4 any pain felt for the first few days after the procedure
 - . 1 No Pain 17.39%
 - . 2 Some Pain 78.26%
 - . 3 Very Painful 4.35%
 - . 4 Agony 0.00%
- 78.26% of patients reported that they did not experience any pain for more than a week
- 100% of patients required oral antibiotics resulting from the vasectomy
- 100% of patients said that their testicles did not swell to more than double their original size after the operation
- 100% of patients said they were given more than adequate advice in the post-op information sheet
- 100% said they were provided with a contact number if any follow up advice was needed, of those 78.26% said it was the phone number for the vasectomy surgeon
- 95.65% of patients said they didn't need to seek out medical advice regarding any complications that were mentioned
- 100% of patients said they contacted their GP concerning a vasectomy, of which 100% said they were very helpful
- 100% of patients said they did not take off any more time off work than anticipated
- 100% of patients said they did not experience any problem with sperm testing
- Patients were asked to rate the whole process of having a vasectomy in relation to expectation
 - . Much Better 26.09%
 - . Better 56.52%
 - . As expected 17.39%
 - . Worse 0.00%
 - . Much worse 0.00%
- 91.30% of patients rated their overall satisfaction with the service as 'very good' or 'excellent'



Discussions & Action Plans

PMG has had and will continue to have discussion with the PPL committee regarding the services provided by the practice.

The PPL Committee are provided with the results from each survey and given sufficient time to review the results with the PPL before discussion with the practice. Results are distributed via a newsletter which patients can receive electronically or by post.

Face to face committee meetings are held bi-monthly as a forum for these discussions. Initial discussions highlighted the need to change access to the surgery and continuity of care. The following changes were implemented:

- Access
 - . The number of phone lines were doubled
 - . All phones are manned during peak times
- Continuity of Care
 - . A rota system has been put in place to ensure slots are available for patients with long term care requirements to book appointments with their doctor.

PMG will continue to understand our patient's needs for improvements to the services we currently provide and for future services.

Below is a table detailing our current action plan;

Issue raised	Next Steps	Proposal	Lead	By when	Outcome
Online appointments for blood tests and nurse appointments	Discuss with the Nurse Manager and I.T. Manager how this can be achieved	Pilot some blood test appts and/or diabetic and respiratory appts	Alan Bolt	Discussion by 31/3/12 Pilot implementation by 30/5/12	Agreed, working with SystmOne to configure system.
Vary the times of the pre- bookable appointments	Discussion at practice away day.	Vary appt times	Alan Bolt	31.3.12	Rota 'balanced' to provide appts throughout the day
Continue with successful evening presentations	Discuss this with the patient participation group	Agreed	PPG	Continuing	Agreed
Improve the telephone response times, increase telephone line coming in.	Discuss at practice away day	Audit peak times, ensure maximum cover. Double number of incoming lines	Kat Ripsher	31/3/12	Completed, audit required using NETbuilder post delivery
Continuity of care for patients to see their GP	Discuss at practice away day.	Named GP (and Back up GP) for vulnerable patients	Alan Bolt	31/3/12	In Progress