

William Fisher Medical Centre

Action Plan Resulting from March 2012/2013 Patient Survey and PPG Meetings

Patient Priorities / Issues	Comments	Agreed Actions	By Whom	Target date	Date Completion
<p>Poor Paramedic and Ambulance response times to emergency calls in the Dengie.</p>	<p>The results of the 2013 survey indicate that 'The East of England Ambulance Service NHS Trust' is not meeting the governments, or, its own response time targets. The trusts own published average response times for the Mid Essex area has been on, or, just a few percentage points below target since April 2012 to date. However, this average conceals the true situation in rural areas, and in particular the Dengie. The first target is 75% within 8 minutes for category A calls. Our survey indicates 0% for an Ambulance, and 35% for a Paramedic. The second target Providing transport for 95% within 19 minutes. Our survey indicates just 8% of Ambulance meet this requirement.</p>	<p>Write letter of concern to Andrew Morgan, Interim Chief Executive of the East of England Ambulance Service NHS Trust.</p>	<p>PD, AO, JG</p>		<p>8th May 2013 - Letter sent to Andrew Morgan.</p>
		<p>Make 'Freedom of Information' request made to E of E Ambulance Service for performance data for the Dengie.</p>	<p>PD</p>		<p>16th Sep 2013</p>
		<p>Reply to FoI request indicates lower than target response times. Red 1 & 2 should be 75%, but only 64.46% being achieved. Write letter to Andrew Morgan.</p>	<p>PD</p>		<p>2nd Oct 2013 -</p>
		<p>Jason Gillingham, East of England Ambulance Service (Mid Essex Area) to attend the PPG meeting to explain the actions being taken to improve response times (see Jan 2014 PPG minutes of meeting on Medical Centre Website).</p>	<p>PD</p>		<p>15th January 2014</p>
		<p>Make further 'Freedom of Information' request made to E of E Ambulance Service for Dengie performance.</p>	<p>PD</p>		<p>14th May 2014</p>
		<p>Reply to our May 2014 FoI request indicates a 15.37% deterioration in Ambulance response times since our last request. Write letter of concern to Dr Marsh, Chief Executive of the East of England Ambulance Service NHS Trust, and meet with MP John Whittingdale to discuss concern.</p>	<p>PD</p>		<p>3rd Jul 2014 - Letter sent to Dr Marsh</p>

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<p>The survey indicates that some patients, in particular those that work, would like to be able to get appointments outside normal working hours.</p>	<p>Analysis of changes requested is as follows:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Saturday mornings</td> <td style="text-align: right;">38%</td> </tr> <tr> <td>Later Evening Appointments</td> <td style="text-align: right;">28%</td> </tr> <tr> <td>Lunch time Appointments</td> <td style="text-align: right;">22%</td> </tr> <tr> <td>Earlier Morning Appointments</td> <td style="text-align: right;">9%</td> </tr> </table>	Saturday mornings	38%	Later Evening Appointments	28%	Lunch time Appointments	22%	Earlier Morning Appointments	9%	<p>Practice manager and partners to investigate what improvements can be made to increase access to appointments outside normal working hours, beyond the one late evening opening currently provided.</p>	<p>DM and Practice Partners.</p>	<p>Report by Feb 5th 2014 PPG Mtg.</p>	
	Saturday mornings	38%											
	Later Evening Appointments	28%											
Lunch time Appointments	22%												
Earlier Morning Appointments	9%												
<p>Since there was such low demand for early morning appointments (just 9%) this was not considered a priority.</p>	<p>No further action</p>												
<p>Lunch time appointments have been trialed. These were filled but did not result in a decrease in demand at other times. These appointments also created problems by reducing the time available to do visits. Overall, after evaluation, it was felt that the decrease in the time for visits impacted more on patients than the availability of lunch time appointments and therefore they were discontinued.</p>	<p>No further action</p>												
	<p>The practice is still looking at ways of increasing appointments in the late evening and on Saturdays. Unfortunately, appointments at this time have an increased cost attached to them and funding is an issue. Also, ancillary staff are not keen to do them which makes staffing these surgery times difficult.</p>												

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<p>Booking appointments by telephone is frustrating at busy times, requiring repeat dialling due to being permanently engaged.</p>	<p>Survey indicates that a more modern telephone system would be preferred, which places caller in a queue and gives repeat messages indicating where a caller is in the queue.</p>	<p>Upon investigation, practice management considered a telephone system with call queuing, and queue position messaging to be too expensive. Management have chosen a new telephone system. The new system offers a slight increase in the number of lines into the surgery (2 x 2) and replaces all the old telephones which were in urgent need of upgrading. However, it does not offer call queuing which was requested by the PPG. This is again due to a funding issue. The new system cost £4500 and 'call queuing' can only be added as an add on to the new system. Currently we are awaiting a quote for this add on. Another option which might help with the congestion on the phone lines is to add Direct Dial lines. This is a much cheaper option and would allow patient to dial in directly to areas such as Pharmacy. again we are currently waiting on quotes.</p>	<p>JG</p>	<p>Status report by May 2013 PPG Mtg.</p>	<p>Jan 2014.- New telephone system, installed.</p>
<p>Patient criticisms received suggesting the reception area is looking tired.</p>	<p>Waiting room redecorated in Nov 2012. Other areas to be completed when funds allow.</p>	<p>Redecorate the reception area, foyer and corridor</p>	<p>JG to organise.</p>	<p>ASAP</p>	<p>Jan 2014 - Redecoration of reception office and ground floor corridor completed.</p>
<p>The Virtual Patient Participation Group (VPPG) membership currently stands at 85, which is not large enough, and is also not fully representative of the age demographics of the patient list.</p>	<p>The recent groups efforts to increase the size of VPPG membership have been quite successful. However, to get a reasonable return on any future 'website only' survey, the size of the virtual group needs to be larger.</p>	<p>PPG members to continue their efforts in the foyer, approaching visiting patients and persuading those with access to the internet to join the VPPG, with specific targeting of age groups that are not adequately represented in the</p>	<p>PPG members</p>	<p>Ongoing until at least 200 VPPG membership is achieved.</p>	<p>June 2014 - VPPG member recruitment session in foyer at PPG Awareness Week June 2013. VPPG Membership increased to 125.</p>

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		Reception to hand leaflet to under 50 age group of both gender, in particular those under 30	DM	Ongoing until at least 200 VPPG membership is achieved.	5th Jul 2014 - VPPG membership is 142.
Where patient requests for changes or additions to services cannot be achieved, it would be helpful if patients, outside the Patient Participation Committee, could understand the constraints preventing the practice from providing what is being requested.		Advise patients, either via a PPG, or, practice news letter, where there are significant constraints preventing the achievement of patient requests, despite the willingness of the practice to deliver patient requested improvements.	PPG & DM	When applicable on issues being investigated as detailed above.	No further action.
		Draft PPG newsletter drawn up by PPG Chairman to give feedback on PPG activity and what has been achieved following last years questionnaire. Newsletter to be available in the surgery and also on the surgery website.	PPG		