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|  | Issue | Action | By Whom | Desired Result | Update |
| 1 | The numbers of patients attending ‘specialised’ clinics were lower than expected. | * To increase patient awareness about what services we provide as a whole. * Create literature and use PPG to communicate the services available at Lakeside. | LL | * Numbers of patients using alternative clinics rise. * Numbers of patients using appointments with GPs for something that could be resolved in the clinics reduces. * Patients’ waiting times reduced for GP appointments. * Patients’ experience improved. | As at 6/2/14:  The Lakeside website, Facebook page, local gazettes, NHS Choices have been and will continue to be updated with details of nurses clinics.  One notice board in reception is being dedicated to information on nurses/specialised clinics.  The Lakeside info leaflet has been updated.  As at 11.2.15:  The Practice has adopted the leaflet produced by Doncaster CCG ‘Choose Well’ to try and educate patients on the right path to dealing with health care problems. Will be in the waiting from this month. |
| 2 | Patients access to test results ok but could be improved. | * To increase patient awareness of how and when they can retrieve results from previous tests. * To educate staff on the issue. * To ask reception staff to be involved in communicating the message. | LL  Reception/  Primary Care staff | * Patients ring/contact the admin team at the appropriate time in order to get their results, therefore ensuring access. * Patients more comfortable to wait until practice contacts them if there are any issues with the test results. * Patients getting through to the appropriate department for test results. * Patients’ Experience improved. | Information for patients has been placed on the notice board in waiting room, advertised on Facebook and website.  The system is still under discussion as to the most appropriate location department-wise.  As at 21.10.14 this is something on Helen Burnell’s ‘hit list’ of systems to tackle.  As at 11.2.15: On-going but wanting to move more towards a clinically lead service. |
|  | These actions below have been added as a result of the patient survey carried out in August 2013 by an external company. | | | | |
| 3 | Access to the practitioner of choice, by telephone and shorter waiting times to see practitioner. | * There is an initiative set by the NHS for each practice to assign a GP to the more elderly patients initially to ensure continuity. * Increase number of appointments for telephone consultations. * Fill the GP vacancy Lakeside is currently carrying. | The Practice | * The more elderly patients were more inclined to mention that they wanted to see the same GP; this initiative should resolve this issue. The same GP to see or home visit housebound patients. * Increasing the number available should enable practitioners to call more patients. * An additional GP will increase the number of GP appointments available. | As at 20.10.14: Vacancy for GP filled, Lead Nurse vacancy filled with a pro-active employee.  Over 75s allocated GP has been completed.  More concentrated time on Residential & Care Home patients by GP and lead nurse. The addition of AUA enables more people to have a personalised care plan in place.  As at 11.2.15: Practice still proving successful home visiting and Care home visits. Building relationships by starting Bi-monthly meetings with both Askern Care homes. Introduction of ECP input into meetings from March 2015 has been organised. |
| 4 | Access to appointments or lack thereof and the restrictions faced by those who work full time. | * Set up online access for suitable services i.e. ability to make or cancel appointments and request prescriptions on line. | Patient Services | * Providing a system whereby patients can make arrangements, request services whilst the surgery is closed. Meaning patient access is not barred. * Additionally the completion of task 3.3 will automatically increase the numbers of available appointments. | As at 20.10.14: Lead Nurse doing more telephone consultations and redesigning triage to accommodate the demand for appointments. On line access to repeat prescriptions and appointments up and running this summer.  As at 11.2.15: The Practice trialled a weekend opening on a Saturday from 9am until 3pm. Booked in patients for minor illness in the week leading up to it and monitored the access which was ‘On the Day’ – the practice received only two phone calls.  Practice did not find it valuable to patients to be open.  The Practice is currently promoting the completion of Friends & Family Test ‘score cards’. This may indicate whether a lack of appointments is a cause for dissatisfaction for patients. |
| 5 | Promoting Preventative Measures –preventative illnesses/ admissions. | * Current NHS initiative to manage those patients who are more likely to attend A&E (Risk Stratification), one aimed specifically at cancer patients to aid their recovery, one for Health checks for patients on the Severe Mental Illness register, Smoking cessation clinics etc. | Clinical staff, Senior & Business Managers | * Discussions about those patients identified with DNs and Social Services in order to put measures in place to assist the patient therefore decreasing the chance they will require admittance through A&E or referral. * Patients affected by any of the illnesses as set out by the NHS will receive close monitoring and so issues picked up and dealt with earlier than would have necessarily have been so in the past thus preventing a more serious illness. | As at 20.10.14: GPs managing Cancer Care review to audit the care given to patients, taking learning points from this. The AUA project to provide an ‘enhanced service’ for those at risk of attending A+E with personalised care plan to follow and close contact maintained. Lead nurse has looked at the current nursing services provided and is ‘tweaking’ them to enhance make more effective the current service (by altering times of appointments, given learning and mentoring to nursing team etc.).  As at 11.2.15: The practice continues to offer the AUA service which is proving to be relatively successful and popular with most patients who have agreed to be on the scheme.  Nursing team work load and clinic redesign is ongoing. Previous attempts to redesign the system in last few months have proved problematic so is still undergoing change and re-evaluation.  Encouragement in the form of educational leaflets are being put in the waiting rooms for patients to take more responsibility for their own care and choose the most appropriate way of dealing with certain health care issues. |
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