Summary Report 2013 (Interim)

This interim report is provided for the purposes of the DES monitoring to demonstrate progress made on the patient participation group priorities. A fuller report will be provided for the 2013 AGM.

What was agreed	What we have done	What the outcome was
1. Young Persons Clinic To consider engaging and advertising via the Youth Club, Youth Action Group and Youth Forum Priority for 2011-13 Status: Ongoing	2011-12 We did indeed engage with local young people, seeking their view on what they would like on the website and in a Youth Clinic	The Young Persons' Drop-in Clinic is ready to launch in principle by the 2012 AGM. A subsequent delay occurred due to staffing issues, including providing adequate child protection and other training to staff manning the clinic. It is hoped that the clinic will commence in the Spring / Summer 2013. A new partner has been appointed (subject to contractual agreement) who will take a lead in developing this clinic.
2. Doctor Continuity Explore whether to reduce patient advance booking to 2 weeks but allow doctor booking up to 4 weeks would improve continuity without adversely affecting patients. Priority for 2011-13 Status: Ongoing	In December 2011 we undertook a survey of our patient on this issue. It was clear that patients did not understand that prebooking of appointments was available up to 4 weeks in advance. Therefore, we increased our advertising of our appointment system over 2012 and in a survey in January 2013 we demonstrated a significant improvement in appreciation of how to book an appointment	An improvement in the awareness of patients that appointments can be prebooked. Whilst there are no hard confirmatory figures, the perception by the practice is that there are fewer complaints about being unable to book a routine appointment. We are continuing to explore ways to optimise the use of appointments to improve access to doctors (including the appointment of a nurse practitioner)
3. Consider allowing patients to have a named	Patients with cancer and major illnesses (eg diabetes, heart disease,	An alert appears on patient records of the lead GP for all patients with cancer. Lead doctors are appointed for the

doctor who would get all correspondence even if they didn't see the patient every time. Priority for 2011-12 Status: Complete	respiratory doctor) already have a lead doctor. In November 2012 we switched the computer program we use to keep patient records. This system allows us to nominate an 'usual GP' rather than being forced to stick with the registered GP (this allows salaried GPs also to be a named doctor more easily). We continue to work with the local hospitals (by involvement in the Gateshead Information Network) to improve correspondence being sent to the correct GP.	major illnesses. Facilities exist for the practice to easily change the usual GP to help guide receptionists when booking an appointment – further work on this is needed. We now receive discharge letters from the Queen Elizabeth Hospital electronically. We are working with the hospital and our computer supplier to facilitate receiving all correspondence electronically (we vastly speeds up letters being available in the patient notes). We are actively participating in a pilot of electronic correspondence from the Newcastle Hospitals and the Mental Health Trust.
4. Website ideas suggested included a question and answer page, health news section, local health info and diet challenge Priority for 2011-13 Status: Ongoing.	We have actively engaged with our web developer to include as many ideas in our new website as possible. The 2012 Survey included questions regarding the awareness and knowledge of the website; it was clear to the patient participation group that further working on advertising was needed.	By 2012, we had developed a greatly enhanced website which included a frequently asked questions section and a local health info section (which also allows patients to suggest services). The diet challenge proved to be a lot of work (requiring patient logins) and other sites exist; instead, we developed a health advisor feature. The Youth Section was launched at the end of 2012, and a pilot "ask the doctor" feature will be launched once some medicolegal issues have been addressed. We have appointed a partner to manage the ongoing running of the website We have added a message to all prescriptions to advertise our website, along with adverts on our waiting

		room TV.
5. Consider using Skype for some consultations Priority for 2011-12 Status: on hold	We undertook a full feasibility study which has been published on our website	Technical issues prevented us from implementing this suggestion. We have since had our network upgraded – once we have evaluated the performance improvement for our clinical systems, we will re-explore options for electronic consultations or communications with patients. A partner has been appointed who will take this on later in 2013.
6. Review process for checking in to reduce risk of patients being missed Priority for 2011-12 Status: Complete	The process has been reviewed.	A fail safe mechanism has been included in the lateness policy published on our website
7. Review the process when doctors are running late Priority for 2011-12 Status: Complete	The process has been review and our policies updated	A new policy is in place. This can be found on our website
8 Look at the pros and cons of giving mediation for 4 or 8 weeks rather than 1 or 2 months. Priority for 2011-12 Status: Complete	This was discussed with the practice pharmacist. A simple practice policy has been implemented	All doctors are aware to try to align medications wherever possible. Some medications do not allow this.
9. Ensuring a smooth transition to EMIS Web	Over a period of 3 months prior to the transition, the practice worked hard to reduce the effects of the	Overall the transition was smooth. By working closely with EMIS and 3rd parties, the effective downtime (in terms of surgery time lost) was less than 90 minutes and

Priority for 2012-13 Status: Complete	switch over to patients, including restricting the number of staff / doctor holidays.	only a few hours when our computer system was not fully operational. Staff confidence did take longer to achieve and as a result there was a short time when service at reception was slightly slower than normal and the number of appointments bookable up to 4 weeks in advance was reduced.
10. Improving integration with hospital computer systems. Priority for 2012-13 Status: On going	One of the partners chairs a cross-organisation group that aims to improve communication between the different organisations, including improving the way computer systems talk to each other	All Queen Elizabeth Hospital discharge letters are sent electronically directly into the patient notes and we are involved in a pilot with Newcastle hospitals and the mental health trust. We will continue to work to improve this, so long as we are confident that patient confidentiality and system security is maintained.
11. Improving online access to patient records Priority for 2012-13 Status: On going	We have ascertained that a high percentage of patients would value being able to access patient records.	We already have granted access to patients to make appointments and order repeat prescriptions. We are about to set up a pilot with a few interested patients to determine what if any problems granting access to patient notes online might cause. This will be one of the areas we have asked a newly appointed partner to run with.
12. Premises redevelopment Priority for 2012-13 Status: Not started	We are currently in the earliest phase of discussion with developers. We will consult patients when we have agreed the final version of the draft plans.	

Version control

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