



Wellspring Medical Practice PPG

Activities during 2015-16

The group met to discuss the possibility of using Patient Partner - an interactive phone system for booking and cancelling appointments and for ordering repeat prescriptions. Some members came to view a demonstration and then fed back to the rest of the group. On balance, we decided that it was not sufficiently user-friendly to merit the expense. The group also looked at results of the "Friends and Family Test" questionnaires, and received feedback from the CQC visit and the resulting action plan.

Information was shared with the group about the upcoming PMS budget cuts and the impact they may have on the practice and how it functions. The group also took a "walkabout" in the reception area to hear plans for re-ordering the reception / records area to make it more private and more efficient. A new table has been provided for the self-service SurgeryPOD to help prevent obstruction of the disabled access counter.

The group put together a consultation document for use in the waiting room about options for ordering repeat prescriptions. Repeat prescribing is a significant use of reception time (and is therefore a significant expense). All options have been considered and were put out to patients for their views.

As a result of this consultation exercise the practice will look to put an answering service in place to record requests. This will be a useful "all hours" alternative to those who do not wish to use online ordering services.

The group has reviewed a summary of complaints received at the practice during the year and helped us reflect on the lessons to be learned.

Several group members also play a part in the CCG Patient Forum; these patients have been learning more about shared-decision making and plan to work in the coming months with the GPs on telling patients how this can help in consultations.

We are grateful to our patients for the constructive support they offer us unstintingly.

Activities during 2014-15

The group met in May to review progress from the previous year's action plan. They were also asked to comment on an application by Sister Esme Elliott for a Queens Nursing Bursary to review the way the practice delivers vascular care. This involved assessing the level of risk faced by each patient, and inviting those who were able to, to self-care using the surgery POD. The group approved unanimously of the proposal, and viewed the surgery POD (and gave it a trial!) while being asked to comment on the level of privacy and general layout of the area.

In September, the group convened to hear a presentation about the forthcoming Friends&Family test being introduced by the department of health. After this, the group were invited to consider what supplementary question(s) they may wish the patients to be asked as part of the survey, and how the questionnaire should look and be presented. The group met again in January to look at the first results. Action points suggested as a result of the first comments were a) for the pharmacist to write a protocol for staff to follow when medicines are requested early and b) for the practice to look at options for how to inform patients of waiting times when doctors and/or nurses are running late; these were added to the action plan. The group also heard from our representative from the CCG Patient Forum - they asked for a newsletter article to be written about this to inform the wider patient population. There was also a further review of action plan points and progress. In March the group was joined by a patient who serves as a public governor for North East Ambulance Service. We heard about opportunities for public involvement as volunteer drivers, first responders and trust members. We discussed how the practice could work with NEAS to promote this work. We also looked at a practice action plan to respond to the minor issues raised by the CQC inspectors during their recent visit. The group viewed the reception and waiting area and considered the dilemma posed by trying to balance good access (particularly for disabled patients) with safety and privacy. The consensus was that professional advice was needed but with patient input to any future action plan.