

Bedlingtonshire Medical Group

Patient Participation Report 2012/13

Produced for the Patient Participation DES 2011/2013

Introduction

The purpose of the Patient Participation Directed Enhanced Service (DES) commissioned by NHS North of Tyne is to ensure that patients are involved in decisions about the range and quality of services provided and, over time commissioned by their Practice.

It aims to encourage and reward Practices for routinely asking for and acting on the views of their patients. This includes patients being involved in decisions that lead to changes to the services their practice provides or commissions, either directly or in its capacity as a gatekeeper to other services.

The DES aims to promote the pro-active engagement of patients through the use of effective Patient Reference Groups (commonly referred to as PRGs) to seek the views from Practice patients through the use of a local practice survey.

The outcomes of the engagement and the views of patients are then required to be published as a Report on the Practice website.

This report summarises development and outcomes of Bedlingtonshire Medical Group Patient Reference Group (PRG) in 2012/13.

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It contains :

Step 1. Developing a Patient Reference Group (PRG)

A summary of the recruitment process used to ensure that the PRG is of sufficient size to be as representative as possible of the Practice population.

Step 2. Method and Process for Agreeing Priorities for a Local Practice Survey

The method the Practice adopted to seek the views of the PRG in determining the priority areas for the Practice to look at to include in a local practice survey.

Step 3. Details and Results of the Local Practice Survey

A description of the local practice survey and how it was carried out, as well as details of the survey Results.

Step 4. Discussing Survey Results with the Patient Reference Group (PRG)

Details of how the Practice consulted with the Patient Reference Group (PRG).

Step 5. Agreeing an Action Plan with the Patient Reference Group (PRG)

Details of the agreed action plan setting out the proposals arising out of the local practice survey results and how the practice sought agreement for changes with the Patient Reference Group (PRG).

Step 6. Details and Results of the Local Practice Survey

Details of where this Report has been published and also details of the Practices opening hours and how patients can access services. Details of the Practices extended hours access scheme.

The Practice must provide evidence of the following:

Step 1. Developing a Patient Reference Group

Develop a Structure that gains the views of patients and enables the Practice to obtain feedback from the Practice population e.g. a Patient Reference Group (PRG)

DES Component 1

As part of component 1 of the DES, Practices are required to establish a Patient Reference Group comprising only of Registered Patients and use best endeavours to ensure their PRG is representative.

Recruiting to the Patient Reference Group (PRG)

1.1 The Practice is required to confirm the process used in order to recruit to their PRG

- Put up Posters in Practice
- Offered leaflets to all patients attending practice
- Sent letters to patient asking them to join our group
- Put information on the practice website (www.bedlington-doctors.com)
- Engaged directly with patients attending the practice (GPs, Nurses, Receptionists) informing them of PRG and asking if they would like to join.

Clinical staff had information leaflets and sign-up forms available during consultations, they were briefed on the type of individuals we needed in line with the practice profile. This helped us target patients from as broad a spectrum as possible. We also had a Receptionist on duty in the waiting room who talked to patients about the group.

To help us include patients from specific care groups we spoke to our local nursing home managers and learning disability carers who helped us recruit patients from these groups to the PRG.

Practices must strive to engage and encourage feedback from patients that extend beyond a mix of just age/sex and ethnic origin. These could include patients from marginalised or vulnerable groups such as elderly patients, patients with a learning disability or other disability and those with various social factors such as working patterns, employment status and carers etc.

1.2 To ensure feedback is from a representative cross section of the Practice Population, the Practice is required to provide details of its current practice profile beyond just age and sex.

Practice Population Profile as at October 2012

Age/Sex:

Age Range	Male	Female	Total
0 - 15	1013	1016	2029
16 - 25	713	601	1314
26 - 45	1289	1425	2714
46 - 65	1493	1530	3023
66 - 75	449	520	969
76+	313	524	837
Total	5270	5616	10886
	48%	52%	

Ethnicity:

White British	9588
Other White ethnic group	22
Black	1
Indian	7
Other Asian	8
Chinese	5
Caribbean	2
Bangladeshi	2
Pakistani	1
Not known	1250
Total	10886

Working patterns of employment, unemployment, carers, Specific Care Groups, patients with learning disabilities, patients in Residential/nursing homes:

Working patterns/Carers	
Employed	89%
Retired	9%
Unemployed	1.4%
Long term sick	0.3%
Carers	1.68%

Specific Care Groups	
Residential /Nursing Homes	1.4%
Learning Disabilities	0.6%
Carers	1.68%

1.3 The Practice is required to provide a brief summary of the patient groups represented in the Practices PRG and describe what steps they have taken to understand their own demographics in order to construct a PRG using a representative sample of the population

The Practice used the information held on its population profile (as detailed in 1.2) to construct its Patient Reference Group. The PRG profile is detailed below. All patients are registered with Bedlingtonshire Medical Group.

Practice PRG Profile October 2012

Age Group	No. of Male Patients	No. of Female Patients
16 - 25	3	4
26 – 45	9	33
46 -65	22	30
66 - 75	8	6
76+	58	62
Ethnic Groups	1	2
Learning Disabilities	2	1
Residential/Nursing Homes	1	2
Carers	2	3

Working patterns/Carers	
Employed	72%
Retired	20%
Unemployed	1.1%
Long term sick	2%
Carers	5%

Step 2. Method and Process for Agreeing Priorities for the Local Practice Survey

Details and evidence of the steps taken to determine and reach agreement with the PRG on the Component 2

As part of component 2 of the DES Practices are required to agree which issues are a priority and include these in a local Practice Survey. The PRG and the Practice will shape the areas covered by the local practice survey. The areas covered in the local practice survey will, therefore, need to be agreed jointly based on key inputs including the identification of:

- Patients priorities and issues
- Practice priorities and issues including themes from complaints
- Planned Practice changes
- National GP and/or Local Patient Survey issues

2.1 The Practice is required to describe the process it used to seek the views of the Patient Reference Group in identifying the priority areas for the survey questions i.e. via email, website etc.

As part of the sign up to the group we asked patients to choose what priority areas they would like us to focus on for the local practice survey. Below is a table of the results:

Diabetes	19	Learning Difficulties	2	Opening Hours	29
Asthma	17	Antenatal Services	7	Appointments	35
COPD	6	Older Peoples Services	21	Reception & Administration Services	21
Heart Conditions	16	Young Peoples Services	6	Other :	
Cancer Services	17	Children's Services	13	Education of Health through healthy eating	1
Sexual Health	3	Mental Health	16	Breast Cancer Awareness	1
				How surgery links/refers to external bodies	1
				New and Developing Services	1
				Adult Social Care	1
				Vulnerable Adults	1
				Commissioning of Healthcare	1
				Palliative Care	1
				Computer System	1
				Weight Management	1
				Anything you wish to ask about	1
				Bowel Disease	1
				Arthritis	1

2.2 The Practice is required to list the priority areas and confirm how these match those set out by the PRG.

The top 4 areas chosen by the PRG are highlighted in the table above. In 2011/12 we ran two surveys; a survey on Telephone Satisfaction survey and a survey on Receptionists, Appointments and Opening Times. For 2012/13 we have chosen Older Peoples Services, these were the top 4 areas of concern identified by our PRG. Questions for the survey were drawn up in collaboration with our PRG. The survey was reviewed and altered by PRG members. We created the survey for 2012/13 in house. As this years survey was on Older People's services we targeted patients from the PRG who were aged 75 years and over, we also recruited a further 117 patients in this age group. All responses are tracked and auditable which allows the PRG to validate the results.

Step 3. Details and Results of the Local Practice Survey

Collate patient views through the use of a survey

Component 3

As part of component 3 of the DES Practices are required to collate patients' views through a local practice survey and inform the Patient Reference Group (PRG) of the findings.

The Practice must undertake a local Practice survey at least once per year. The number of questions asked in the local practice survey will be a matter for the Practice and the PRG to agree. Questions should be based on the priorities identified by the PRG and the Practice.

3.1 The Practice is required to confirm how it determined the questions to be used in the survey?

The top 4 areas chosen by the PRG are displayed in 2.1. Questions for the surveys were drawn up in collaboration with our PRG. The survey was reviewed and altered by all PRG members who had chosen Older Person's Services as a priority area for the practice. All members were sent or emailed the survey before it was published. We created the survey for 2012/13 in house. We targeted patients aged over 75 who were already members of the PRG and we also recruited some new patients to the group who were aged over 75. These members were sent the surveys via Royal Mail. All responses are tracked and auditable to demonstrate the results are credible.

3.2 The Practice is required to confirm what method(s) it used to enable patients to take part in the survey? e.g. survey monkey, paper survey, email, website link.

We created our own in house survey. All target patients from the PRG were sent surveys. As this survey was for the over 75's paper copies were sent to patients as most did not have access to a computer.

3.3 The Practice is required to confirm how it collated the results.

The results and responses received from each survey were collated in house. The results of the survey have been uploaded to the practice website (also found in Appendix 1). All patients who took part in the survey responded via Royal Mail there were no electronic submissions. All responses are tracked and auditable to demonstrate the results are credible.

3.4 The Practice is required to confirm the dates of when the survey was carried out and provide a copy of the survey to demonstrate how the Practice has reflected the priority areas in the questions used.

Our Elderly Services Survey was conducted from 12/10/2012 to 30/11/2012.

Step 4. Details and Results of the Local Practice Survey

Provide the Patient Reference Group (PRG) with the opportunity to discuss survey findings and reach agreement with the PRG of changes to services.

Component 4

As part of component 4 of the DES Practices are required to provide the Patient Reference Group (PRG) with the opportunity to comment and discuss findings of the local practice survey and reach agreement with the PRG of changes in provision and manner of delivery of services.

4.1 The Practice is required to describe how it sought the views of the PRG on the findings of the survey and any proposed changes highlighted from it.

A random sample of 10 patients from the PRG (over 75's) were sent a copy of the results from the Older Peoples Services survey. These patients were consulted on the Action Plan. All correspondence was done in writing (Appendix 2). The patients were asked to review the results of the survey and to consider points for the Action Plan. The Practice's PRG is a virtual group so there are no formal meetings - discussions have taken place either via email or letter. All feedback was noted and incorporated into the final Action Plan. The final Action Plan was reached with their input and agreement. The results are published on the website and copies have been placed in the waiting room.

There were no significant changes to opening hours or changes that would impact on contractual arrangements.

Below are the comments we received on the Action Plan:

- Two excellent improvements which I am sure will be much appreciated by your older patients when they are implemented. A lot of older people worry about late diagnosis and this would be a step in the right direction to allay any fears they had.
- I think the survey and Action Plan are very good but how to get an early appointment with the doctor of one's choice is still very hard and has not been covered. Ringing up at 8:30 for an appointment is a complete waste of time after spending nearly one hour on the phone you give up then when you visit the surgery all convenient appointments are taken. Firstly the repeat prescriptions with Boots the chemist is still chaotic. Prescriptions handed into the doctors on a Monday still not available on a Friday. This must be improved. I would like to repeat again the service from the doctors, nurses and staff are excellent. Thank you one and all. – [Practice comments- the appointments will be addressed by allowing Receptionist's to override embargoed slots for elderly patients, this will be implemented before 1st April 2013 which will ensure older patients have improved access to GP and Nurse appointments. The Prescription Service from Boots is not a service provided by the Surgery however we will meet with the Pharmacist and try to address these issues.](#)
- As I very rarely visit a doctor there is not much I can comment on. The odd times I have been I have been very satisfied. The Action seems fine, maybe more days ahead for appointments and the email system may need attention. If I ever need an appointment I usually A.S.A.P any doctor.
- I would like a yearly check up as I am 85 to make sure I am ok but I know this would be extra work for the doctors so I am content with the system.
- I have always found the doctors and staff to be very helpful and friendly. I am happy with the way things are.

Step 5. Action Plan

Agree and Action Plan with the Patient Reference Group (PRG) and seek PRG/PCT agreement to implementing changes.

Component 5

As part of component 5 of the DES the practice is required to agree with the PRG an Action Plan setting out the priorities and proposals arising out of the local patient survey. They are also required to seek agreement from the PRG to implement any changes and where necessary inform the PCT.

5.1 The Practice is required to produce a clear Action Plan that relates to the survey results and attach a copy of the agreed Action Plan for 2012/13.

The Action Plan can be found on page 12 (Table 1). The final Action Plan was reached with the input and agreement of the PRG.

5.2 The Practice is required to advise whether there are any elements that were raised through the Survey that have not been agreed as part of the Action Plan and if so should outline the reasons why.

There were no elements raised through the survey that have not been agreed as part of the Action Plan.

5.3 The Practice is required to confirm whether there are any contractual changes being considered if so please give details, as these will need to be agreed by the PCT.

There were no significant changes to opening hours or changes that would impact on contractual arrangements.

Table 1

Priority for Action	Proposed changes	Who needs to be involved?	How will we measure change and timeframe
<p>Appointments 57% of elderly patients surveyed felt that it was only fairly easy to book appointments.</p>	<p>1) Improved availability for elderly patients. 2) Receptionists will be trained to offer embargoed appointments for the over 75s.</p>	<p>Practice Manager, Senior Management and Reception team.</p>	<p>Change will be measured by further short surveys on Appointments. This will be completed by December 2013.</p>
<p>Wellbeing Checks for the Elderly 81% of elderly patients would be interested in attending Over 75 Wellbeing Checks</p>	<p>1) Over 75 checks will be introduced for patients who do not have a long standing health condition and therefore do not have routine annual checks.</p>	<p>GPs, Nurse Manager, Management Team Management Team</p>	<p>Benefits will be measured by findings from clinics. We know that your risk of developing heart disease, stroke, type 2 diabetes and kidney disease increases with age. We hope that these health checks help to identify potential risks early.</p>

Update on Action Plan below from 2011/12.

Priority for Action	Proposed changes	Who was changed measured?	Outcome
<u>Receptionists</u> 32% of patients felt that our Receptionists were only fairly helpful.	1) Training in customer service skills. Examine staff training requirements to improve the 'friendliness' of the reception experience 2) Intend to invite member(s) of PRG to attend staff meetings to help us understand problems and to improve links/communication with patients.	We ran further surveys on Receptionists.	There was a huge improvement. Our recent surveys showed that 14% of patients felt our Receptionist were only fairly helpful. This has been a fall of 18%. Training will continue in this area as it has proved to be successful.
<u>Telephone Service</u> 80% of patients state they find it fairly easy or not very easy to get through to someone on the phone	1) To install extra telephone lines into surgery to help patient access via telephone. 2) Look into automated telephone system which allows ordering of repeat prescriptions and allows patients to change/cancel/make appointments 24 hours a day, 7 days a week.	We ran further telephone surveys on telephone access.	There has been a drop in results albeit small (8% improvement). 72% of patients state they find it fairly easy or not very easy to get through to someone on the phone. Extra lines have been increased to help with this. Further audits/surveys will be completed to assess longer term benefits.
<u>Appointments</u> 42% of patients felt it was only fairly easy to book ahead and 22% felt it was not very easy at all.	1) Improve awareness to patients of ability to book appointments up to 3 weeks in advance. 2) Use of regular articles in Newsletters, information on website, notice boards and improved training for receptionists making appointments. 3) Encourage patients who do not have daytime commitments to book during core working hours to allow workers and carers the option to book early morning/early evening and extended hour's appointments.	We ran further surveys on appointments.	There has been some reassuring improvement on appointments. Our recent survey showed 84% of patients felt it was either easy or fairly easy to book a GP appointment ahead. This is a big improvement on last year's results which were 66% We will continue to promote awareness of appointment options.
<u>Opening Times</u> Nearly 96% of patients were happy with our opening times	1) The majority of patients surveyed were happy with our opening hours so we do not intend to change them at present. However there was a suggestion for us to look at telephone triage that we would like to explore further.	N/A	We have started to run telephone triage but it is still in its infancy. Progress has been slow primarily due to a Partnership change. This service will continue to be reviewed and improved on over the next 6 months.
<u>Online Services</u> 82% of patients are aware of our online services however only 46% have registered.	1) Steps have been taken to raise awareness of online services and we will continue to work on this by using, posters, newsletters, website, telephone contact and staff meet and greet service. 2) We plan to offer some drop in sessions over the summer to demonstrate our online services.	Review of registration numbers	There has been a significant increase in new registrations for online services. Our numbers have increased by 56% making a total of 23% of the practices patients now registered for online services

Step 6. Details and Results of the Local Practice Survey

Publicise actions taken and subsequent achievement

Component 6

As part of component 6 of the DES the practice is required to publicise the Local Patient Participation Report on the Practice website and update the report on subsequent achievement.

The Practice should publicise the report as extensively as possible and ensure it appears on the Practice website by no later 31/03/2013.

6.1 The Practice is required to provide details of where the Local Participation Report has been published

The report has been published on the Practice website – www.bedlington-doctors.com. It can be found under the 'Latest News' section and also under the 'Patient Group' section. Details have also been placed in the waiting room.

In addition the Practice is required to give details of Practice opening hours and how Patients can access services through core hours

6.2 The Practice is required to confirm Practice opening hours and give details on how Patients can access services during core hours (8am-6.30pm).

The Practice opening hours are detailed below. Patients can access services during these times via the surgery by phone or in person.

Day	Opening Hours
Monday	8:00am until 18:00pm
Tuesday	7:00am until 18:00pm
Wednesday	8:00am until 20:00pm
Thursday	8:00am until 18:00pm
Friday	8:00am until 18:00pm
Saturday	Closed
Sunday	Closed

Outside of these hours when the surgery is closed, care for urgent problems will be provided by Northern Doctors Urgent Care (NDUC).

Where a Practice is commissioned to provide Extended Hours the Practice is required to confirm the times at which patients can see individual health care professionals

6.3 The Practice is required to provide details of any extended hours provided and details of access to Health care Professionals during this period.

There are extra GP surgeries each week. We have an evening surgery on Wednesday each week from 18:30pm to 20:00pm and an early morning surgery on Tuesday each week from 7:00am to 8:00am. These are for routine GP appointments only.

Results for survey: Older Peoples Services – Bedlingtonshire Medical Group

We would be grateful if you could complete this survey about Older Peoples Services. Feedback from this survey will enable the practice to identify areas that may need improvement. Your opinions are therefore very valuable.

Question 1

Thinking of your most recent consultation with a doctor, do you feel you have enough time with the doctor to describe your problems and discuss treatments?

Yes, definitely	40	59%
Yes to some extent	22	33%
No, not at all	3	4%
Don't know	3	4%

Question 2

If you had an urgent medical problem and the surgery was closed who would you contact for advice?

NHS Direct	24	32%
999	12	16%
Go to A&E	12	16%
Out of Hours	11	15%
Surgery message	7	9%
Don't know	9	12%

Question 3

How do you normally book your appointments at your GP surgery? (Please tick all that apply)

In person	36	37%
By phone	59	60%
Online	3	3%
Doesn't apply		

Question 4

How easy is it to get through to someone at the GP Surgery on the phone?

Very easy	15	19%
Fairly easy	39	49%
Not very easy	18	23%
Not at all easy	4	5%
Don't know	3	4%

Question 5

How helpful do you find the receptionists at the GP Surgery?

Very helpful	66	83%
Fair	14	17%
Not very easy		
Not at all easy		
Don't know		

Question 6

How easy is it to book a GP appointment at the GP Surgery?

Very easy	21	27%
Fairly easy	45	57%
Not very easy	11	14%
Not at all easy	2	2%
Don't know		

Question 7

Currently patients over the age of 75 years who do not have a long standing health condition do not get routine health checks. Would you be interested in attending Over 75 Wellbeing Checks?

Yes	64	81%
No	12	15%
Don't know	3	4%

Question 8

Are you

Male	39	49%
Female	40	51%

Question 9

How old are you?

75-79	44	56%
80-84	26	33%
85-90	7	9%
91 or over	2	2%

Question 10

Finally, please add any other comments you would like to make about the GP Surgery:

The appointment system only opens up a limited window in terms of appointment days ahead. Not always practical

My last prescription was emailed on a Monday. The Chemist claimed that it was received on Wednesday, late on. It was not available for collection on the Thursday so I agreed to collect on Friday. Five Days! Not very efficient somewhere along the process.

I think it's very good.

I would also like to say how very satisfied I have been with the treatment and understanding that my wife received under Dr Alford. She has been very poorly for quite a while during which time Dr Alford could not have been kinder (Thank you).

You can never get through until after nine and then the appointments are gone.

I am in fairly good health so do not visit the surgery very often so I do not have a good rapport with any doctor.

I find everything very satisfactory.

The surgery has been exemplary in its dealing with both myself and my wife. The staff, from receptionists, nurse and doctors work very hard to provide a service. We are fortunate enough to have such an excellent practice.

Very good.

Have only lived in this area for two months so not yet aware of any problems.

Not always seen on you appointment time. With the odd GP you feel as if they want you out before you are in.

Excellent for home visits. All Doctors on call always treat you with respect, hope this will continue. From talking to other persons we find we have a better health centre than Guidepost or Bedlington Station.

Doctors and staff at all times are friendly and very helpful, everyone shows that they are all confident in the job they are doing.

Question 10 (continued)

Just to say how nice to speak to the 'just training receptionists' they are always so pleasant and polite and want to help.

I don't feel my answers are very helpful as I hardly ever visit the surgery.

Why did the 'Well Man Clinic' end? Better feedback on tests e.g. blood would be appreciated.

Would like automatic feedback after blood tests etc.

Wish making an appointment was less hassle.

Never had any problems except excellent service at my GP.

I have found the service given by this GP surgery to be very efficient and the doctors and staff to be very friendly and helpful.

I am grateful for the care and attention and attitude of all the team at Bedlington.

It is very frustrating to try and make an appointment with the Dr who knows your details from previous visits. You sit and ring from 8.30 and cannot get through all my friends complain of this. Then if you get through all appointments are taken. Ring again. This goes on until you give up and put up with whatever! Receptionists aren't to blame it is the system. A friend at Ashington rings up and get an appointment the same day – regularly – I don't know what system they have but it seems very good.

Sometimes they miss off things you have ordered on your prescription.

I don't have any problems with the surgery.

Receptionists are always very pleasant and friendly.

I am very much satisfied.

Friendly, helpful staff.

It would be helpful if I could get an appointment with my doctor when I want it and not 2-3 days later.

Very happy with service given by GPs and general staff.

No complaints.

I have only lived in Bedlington for 2 years and find BMG very satisfactory.

Very, very helpful indeed all are excellent doctors and nurses.

I find the Doctors, nurses and staff very helpful.

No comments, no complaints.

More feedback, i.e. return visits should prescribed treatment prove unsatisfactory.

I have been with the medical group since I left the army in 1947. My wife and I are quiet satisfied with the treatment we have received and can see no areas that need to be improved. Comfortable, warm waiting room, cheerful and polite staff and usually on time for appointment.

In general the services at the surgery are good and I feel that referrals to consultants is good if something needs attention.

Question 10 (continued)

I have found it very good and would like the service to continue.

The services at Bedlington Medical Group are very good.

I have always found the surgery to be very attentive to my requests.

It would be helpful to be able to book appointments 1 month in advance.

The building work has reduced parking to 2 disabled bays. A 'No Parking' sign does not say whether these bays can still be used. The extension work will further limit parking but special parking for physically able medical staff will continue. Doctors can more easily walk up the hill than old and ill patients.

The surgery opens at 8:00am but you are unable to book appointments until 8:30am when the computer goes live. You should be able to make appointments at any time during opening hours.

Relatives arrange prescriptions otherwise I would find it difficult as you do not like phone requests and I do not use a computer.

Appendix 2

Feedback on Action Plan - Copy of letter sent to PRG members who participated in survey

BEDLINGTONSHIRE MEDICAL GROUP

The Health Centre, Glebe Road, Bedlington, Northumberland NE22 6JX

Tel: (01670) 822695 Fax: (01670) 531860

Web Address: www.bedlington-doctors.com

Dr. E. W. Munro; Dr. J. Todd; Dr. G. Starkey; Dr. G. Alford

Dear Patient

Thank you for completing our survey on Older Peoples Services. This survey is now complete and we have randomly selected your name as we would like your help in completing our Action Plan. I have attached a copy of the survey results and a draft copy of the Action Plan. Overall the results were very positive and we found two main areas of concern which we could implement and review successfully with the resources we have. We would be grateful if you could review the results of the survey and the points in our Action Plan and we would like your comments and ideas for improvements.

I appreciate this is quite time consuming but your input is very valuable to us. Please send all comments to me at the surgery. I enclose a SAE for you to use if you have any comments, we would be grateful if you could reply by Friday 22nd February 2013.

Thanking you in anticipation.

Yours sincerely

Jackie Sharpe
Practice Manager
On behalf of
Bedlingtonshire Medical Group

Older Peoples Services

Priority for Action	Proposed changes	Who will be involved?	How will we measure change and timeframe
<u>Appointments</u> 57% of elderly patients surveyed felt that it was only fairly easy to book appointments.	1) Improved availability for elderly patients. 2) Receptionists will be trained to offer embargoed appointments for the over 75s.	Practice Manager, Senior Management and Reception team.	Change will be measured by further short surveys on Appointments. This will be completed by December 2013.
<u>Wellbeing Checks for the Elderly</u> 81% of elderly patients would be interested in attending Over 75 Wellbeing Checks	1) Over 75 checks will be introduced for patients who do not have a long standing health condition and therefore do not have routine annual checks.	GPs, Nurse Manager, Management Team Management Team	Benefits will be measured by findings from clinics. We know that your risk of developing heart disease, stroke, type 2 diabetes and kidney disease increases with age. We hope that these health checks help to identify potential risks early.

If you any comments or suggestions please record your comments below and return in the SAE provided:

Thank you for your help.