Holborn Medical Centre
Patient Reference Group Report
March 2014

COMPONENT 1

A. A description of the profile of the members of the PRG

The practice established a Patient Participation Group (PPG) in 2011, consisting of core members who met up at regular intervals to discuss key issues relating to patient experience at Holborn Medical Centre and key aspects of the Health and Social Care Bill.

Subsequently, Holborn Medical Centre established a Patient Reference Group (PRG) in 2012. There are currently 34 registered patients in this group. This was developed in order to encapsulate the views across a wider demographic of the patient population to provide more representative feedback.

We considered specific demographics such as age, gender, and ethnicity. We also targeted our student population, as this group contributed to a significant percentage of our population as a whole.

B. The steps taken by the contractor to ensure that the PRG is representative of its registered patients and where a category of patients is not represented, the steps the contractor took in an attempt to engage that category.

We actively sought to recruit members of our patient cohort who have otherwise been under-represented. This was achieved by first analysing our patient demographics.

As of 24/01/2014 our practice profile consists of the following: (Total= 11528)

Age	% within practice
Under 16	7% (817)
17-24	37% (4296)
25-34	33% (3824)
35-44	10% (1134)
45-54	6% (660)
55-64	4% (418)
65-74	2% (201)
Over 75	1% (178)

Gender	% within practice
Male	38.4% (4427)
Female	61.6% (7101)

Ethnicity	% within practice
White British	23%
White Irish	1.3%
White other	24%
Mixed white and black Caribbean	0.6%
Mixed white and black African	0.8%
Mixed white & Asian	0.9%
Indian	3%
Pakistani	1%
Bangladeshi	4%
Caribbean	0.4%
African	1.7%

Chinese	13%
Other ethnic group	27%
Not recorded	8%

- 17% of our population were registered as students (1965 patients), showing that this is a significantly high proportion. To ensure that we addressed this we emailed typical student age cohort's information about the PRG and a sign up form. We also attended Fresher's fairs and induction days at our student halls to inform students about the PRG. This information was also disseminated to the student support services.
- For those patients who mainly review our services online, there is also a web page on our practice website canvassing for volunteers to join the PRG. There is also an online application for patients to join the PRG. This may help to attract younger patients who are still relatively under-represented but may still be able to contribute via the virtual PRG model.
- To ensure that we tried to recruit patients who used the service and therefore had knowledge of our services and the patient experience we opportunistically tried to advertise the PRG.
- Clinicians discussed the PRG with patients who were from ethnicities / age groups that were under-represented within the PPG. Also patients who expressed an interest about the PRG were introduced to the PRG co-ordinator to promote active opportunistic recruitment.
- Flyers for the PRG were left at reception, in doctor's rooms, and a PRG co-ordinator regularly canvassed the waiting rooms in order to speak to patients about the possibility of joining a virtual group. The waiting rooms were mainly canvassed in mornings when there were many patients waiting for their appointments.
- Clinicians also gave recommendations of patients who had previously expressed an opinion of joining a group where they could give feedback in order to improve the surgery. These patients were contacted (with permission) in order to give further information about the PRG.
- Posters were also advertised in the waiting room areas, in order to attract patients that attend the surgery.
- Specific ethnicities were also targeted by carrying out a patient search of emails and then filtering through to different ethnicities and ages. All patients who are in need of an interpreter were not included in our batch email mail out, as they may not have been able to understand this.
- In terms of the steps we have taken in an attempt to engage certain categories of patients who are under-represented we actively sought to recruit such groups of patients to our PRG. For example, historically it has been difficult to recruit Bangladeshi patients. For this group of patients, we liaised closely with our regular Bengali interpreter who knows many of our Bangladeshi patient's well, to canvass volunteers for the PRG. Unfortunately, this initial scoping process was not successful and so GPs approached Bangladeshi patients directly during regular Bengali clinics. We hope to glean further strategies to gain representation by our ethnic minority groups by discussing this further in our South Camden GP meetings, as these groups are still relatively under-represented.
- We also batch emailed specific groups, targeting those between the ages of 17 and 34, as these make up the largest percentage of our population. Unfortunately the response from these emails was poor and thus we targeted this age group opportunistically when patients in this age group attended the surgery or directly at student 'Fresher's Events'.

We tried to ensure that our PRG profile matched our general population demographics as far as possible.

As of 19/02/14 our PRG profile consists of the following: (Total= 34)

Age	**% within PRG**
Under 16	0% (0/34)
17-24	9% (3/34)
25-34	15% (5/34)
35-44	15% (5/34)
45-54	26% (9/34)

Gender	**% within PRG**
Male	44% (15/34)
Female	56% (19/34)

55-64	26% (9/34)
65-74	0% (0/34)
75-84	9% (3/34)

Ethnicity	**% within PRG**
White British	47% (16/34)
White Irish	0% (0/34)
White other	3% (1/34)
Mixed white and black Caribbean	6% (2/34)
Mixed white and black African	0% (0/34)
Mixed white & Asian	0% (0/34)
Indian	3% (1/34)
Pakistani	0% (0/34)
Bangladeshi	12% (4/34)
Caribbean	0% (0/34)
African	0% (0/34)
Chinese	12% (4/34)
Other ethnic group	17% (6/34)

COMPONENT 2

C. Details of the steps taken to determine and reach agreement on the issues which had priority and were included in the local practice survey

We reviewed the results and feedback from our patient survey from the previous year; considered feedback from our PRG; and collated comments/complaints over the preceding year to determine which issues were pertinent and needed to be included in this year's survey.

The previous year's survey highlighted issues such as:
- Appointment satisfaction
- See practitioner within 48 hours
- See practitioner of choice
- Waiting time
- Satisfaction with visit

When the PRG were questioned as to what areas were current priorities the following themes arose:
- Opening hours
- Reception training
- Clinical care
- Getting an appointment
- Waiting times for non-urgent appointments
- Reception privacy
- Organisation of the premises
- Online access to surveys

Considering the wide scope of the issues we chose to purchase a comprehensive survey tool, known as the Improving Practice Questionnaire (IPQ), which included questions about all the issues raised by our PRG. Furthermore this questionnaire tool also allowed patients to complete the survey online, which helped to target our younger age demographic.

This was commissioned from Cfep UK Surveys. Cfep UK surveys specialise in patient feedback for healthcare organisations. It allowed us to compare previous results to current results to show improvements and to show which areas may need development. Free text comments are also

included to allow patients to give extra feedback.

This survey also questions more of the patient's journey, by including the following themes:

- Opening hours
- Telephone contact
- Advanced booking satisfaction
- Seeing a doctor within 48 hours
- Seeing the doctor of choice
- Environment of the practice
- Waiting times
- Interpersonal skills of clinicians
- Reception staff

COMPONENT 3

D. The manner in which the contractor sought to obtain the views of its registered patients.

We obtained the views of our registered patients by handing out comprehensive Improving Practice Questionnaires (IPQs) to patients that attended our surgery between November 2013 and January 2014. A total of 315 questionnaires were handed out by receptionists to patients after their appointments.

We also ensured that the IPQs were available online on our website for patients to complete. This meant that we could reach out to more of our registered patients and those who do not have time to complete the surveys during their visit to the surgery. This helps us to assimilate even more views to help inform and shape our practice profile.

260 patients completed the questionnaires, including ethnic minorities and younger patients who are often under-represented on our PRG. The demographics of the patients filling in the questionnaires are shown in the IPQ report, which is available from our practice website.

E. A summary of the evidence including any statistical evidence relating to the findings or basis of proposals arising out of the local practice survey.

We have noted that although our scores are below the national average (which is common for GPs working in Inner City London due to high patient turnover), gratifyingly our scores have overall increased since the previous survey.

The only domain out of 28 domains, which decreased, was waiting time. This is clearly an area, which needs to be examined, as many free text comments also discussed the difficulties in regard to waiting times. This score decreased by 3 points from the previous year. We have highlighted our proposed plan to address waiting times in the section above.

All other scores increased. Recommendation and appointment satisfaction increased significantly, by 9 points.

	Current Score	Previous Score in 2013	Difference
Q1 Opening hours satisfaction	63	57	+6
Q2 Telephone access	59	52	+7
Q3 Appointment satisfaction	58	49	+9
Q4 See practitioner within 48hrs	43	35	+8
Q5 See practitioner of choice	41	37	+4
Q6 Speak to practitioner on phone	54	52	+2
Q7 Comfort of waiting room	53	52	+1
Q8 Waiting time	45	48	-3

Q9 Satisfaction with visit	73	66	+7
Q10 Warmth of greeting	78	70	+8
Q11 Ability to listen	77	70	+7
Q12 Explanations	75	69	+6
Q13 Reassurance	73	66	+7
Q14 Confidence in ability	75	69	+6
Q15 Express concerns/fears	75	67	+8
Q16 Respect shown	80	72	+8
Q17 Time for visit	70	63	+7
Q18 Consideration	72	67	+5
Q19 Concern for patient	75	67	+8
Q20 Self care	74	66	+8
Q21 Recommendation	76	67	+9
Q22 Reception staff	68	60	+8
Q23 Respect for privacy/confidentiality	67	61	+6
Q24 Information of services	64	57	+7
Q25 Complaints/compliments	58	54	+4
Q26 Illness prevention	64	56	+8
Q27 Reminder systems	62	58	+4
Q28 Second opinion / comp medicine	60	53	+7
Overall score	65	59	+6

Our overall score increased by 6 points, which suggests that the improvements that we had made on our previous action plan, have increased the patient experience at this surgery. We hope to see further improvements this year in relation to our practice profile. We hope our new appointment system, telephone triage access, online booking of appointments and online requests for prescriptions and email consultation option will help to further increase the satisfaction of our patients.

COMPONENT 4

F. Details of the steps taken by the contractor to provide an opportunity for the PRG to discuss the contents of the action plan.

We have provided an opportunity for the PRG to discuss the contents of the action plan by emailing all members with a copy of the feedback report, and draft action plan in response to key issues that were highlighted from the IPQ feedback.

We also invited all PRG members to a meeting on Thursday 6th March 2014, held at Holborn Medical Centre with a GP partner and PRG co-ordinator attending to discuss the feedback and draft action plan. We also requested that patients, who were unable to attend the discussion meeting, email their feedback on the action plan instead.

We were able to collate feedback from patients, the PRG, and from the IPQ questionnaire to create a shared action plan. This action plan incorporates strategies aimed to address the key areas, which were overall seen to need further refinement.

We collated the comments from the PRG members' emails and PRG meeting minutes, to create a 'final' shared action plan for this year to help improve the practice profile. This was emailed out to the PRG for final comments / revisions. This process helped to formulate the final action plan for this year.

COMPONENT 5

G. Details of the action plan setting out how the findings or proposals arising out of the local practice survey can be implemented and if appropriate, reasons why any such findings or proposals should not be implemented.

From the results we were able to see that specific areas needed development. The areas that were highlighted for improvement are as follows:

- ***See practitioner within 48 hours***

This issue was chosen by staff and patients. Access to clinicians is a common criticism that was discussed at our patient group meeting. Future plans could be to change opening hours but this may have a large financial implication on the surgery, which is not currently viable. This could potentially include opening on a Saturday/ starting surgeries earlier/ or having a locum doctor on a Thursday afternoon.

Thursday afternoon sessions are vital for our staff as they are used for training purposes in which clinicians are able to discuss patients' complex needs and new clinical guidelines. Up to date training can also be implemented. These sessions are essential and are of great help to the staff, as we are a training practice.

During the survey period we chose to reassess the way appointments were made, especially those, which are deemed urgent by offering the option of a face-to-face review or telephone review. Whilst reassessing we chose to revamp the entire way patients calls are handled on our clinical system, and how those who need immediate attention are managed.

Our previous system had one telephone triage doctor at a time, with this doctor changing regularly throughout the opening hours each day. This meant that a doctor carrying out telephone triage during lunchtime (1p-3pm slot) was trying to balance their own morning and afternoon clinics as well as assessing patients through phone calls, and then try and squeeze urgent patients in any free slots on any available doctors surgery.

Our new system has two duty doctors a day. These doctors have specific sub-sections of their surgeries for telephone triage and face-to-face appointments. Therefore urgent phone calls (or patients who simply want telephone advice) are responded to as soon as possible, and patients who need to be seen (or prefer to be seen face-to-face) are seen on the same day.

There are also 'book on the day' appointments with other GPs, and patients are triaged directly into these face-to-face appointments with GPs by the reception team. The reception team have easy access to discuss a case with the duty doctor such that, where there is any doubt as to the urgency of a patient's problem, the GP can either telephone that patient back urgently or they can be booked in for an urgent (on the day) face to face appointment.

This new system has opened up a large amount of clinic time, where urgent patients are seen sooner and are assessed over the phone in a more immediate manner. We hope that over time this new system will be much favourable to patients, as there should not be a long waiting time for immediate problems.

We also have embargoed appointments (blocked deliberately for a purpose), which are freed 48 hours in advance, available to be booked by patients. However these appointments do go very quickly. We have recruited more GPs such that we can offer even more 48hr and advanced appointments.

Furthermore, considering feedback we have very recently introduced online access via our practice website, such that patients can book appointments online, once they register with the online tool.

For routine problems we have bookable appointments up to one month ahead. Due to the large practice population these can sometimes get booked up quite far in advance, regardless of how many doctors have surgeries available.

We hope that these changes that we have put in place make a different to access to clinicians within 48 hours.

- ***See practitioner of choice***

Another issue which was jointly agreed by the practice and members of our PRG is the continuity of care. It makes good sense to see the same clinician if you are having on-going treatment for a chronic medical condition and continuity of care is key to patient satisfaction. Although, in an ideal world patients would always see the same doctor all the time, it is not always possible, especially if a patient needs to be seen on an urgent basis. However, we do try and offer 'book on the day' face-to-face slots with all our GPs every day for urgent problems.

It is the nature of modern General Practice that GPs may have 'portfolio' careers (e.g. combining General Practice with medical research, teaching and training or other special interests) and some GPs simply prefer to work part-time. Thus we understand it can sometimes be difficult to see the practitioner of choice. Considering this, even if face-to-face appointments are not immediately available with practitioners of choice, often the reception team will ask the practitioner of choice to telephone the patient back as soon as practically possible to discuss the patient's concerns. The patient is thus triaged over the phone by the practitioner of choice and if necessary fitted in on the day or after relevant investigations have been carried out.

Over the past 2 years, two of our long term GPs have left to become GP Principals, which we understand must be frustrating for patients used to seeing the same clinician. In response, we have recruited 3 new salaried GPs who have an excellent reputation and have received excellent feedback to date – Dr Krishan Kandya, Dr Eleanor Keating and Dr Emma Parsons. We are already receiving feedback that these GPs are becoming 'practitioners of choice'

We must also be more pro-active at informing our patients that we are a GP training practice and often our GP registrars (trainee GPs) move on after they complete their obligatory 1-year training. We include this information in our newsletter and also on our practice website. We managed however to retain the services of our popular GP Registrar Dr Eleana Bibb (currently on sabbatical), who will re-join us in May 2014.

Patients in attendance felt that email updates to our mailing list on our website would be helpful. This could include advising patients when a specific doctor is leaving or if a new doctor is to join the surgery, details of changing policies and systems such as our reception triage. This would allow patients to understand why continuity of care is sometimes difficult in large surgeries in central London, especially in training practices. This would also allow patients who do not attend regularly (and therefore would not see the practice newsletter that is available on the premises) to stay engaged with their GP services. These email updates will be advertised within the surgery and on the website.

We also discussed ensuring more patients have access, particularly those who are elderly and do not use the internet. A suggestion was that if elderly patients or patients who do not have English as a first language can ask family members to sign up to the email updates on behalf of them so that they can also share information. Alternatively we could post hard copies of the newsletter to all who are over 75.

- ***Waiting time***

In this era of preventative medicine, health promotion and rigorous management of chronic disease, the burden on '10 minute' GP appointments is altogether more demanding. Often patients come in with several problems and GPs have their agendas too in terms of chronic disease management, health promotion and screening for chronic disease.

When doctors overrun it is generally because their patients have needed more time, have been late or do not have adequate translation service to hand. We try to accommodate people who do not speak English, by offering a translation service and double appointments. When the new Registrars

start they also have longer appointments too - so they can familiarise themselves with the patients' needs. We understand it can be frustrating expecting the patients to attend on time and then have to wait in the waiting room for long periods.

Many of our doctors are very patient centred during appointments, and therefore appointments may run longer than planned. Boundaries may be an issue here where doctors should say 'we should stop now' rather than continue on longer than the specified appointment length, as this then makes any following patients late for their appointments.

This becomes a bigger problem when patients turn up late for their appointments, especially if they feel that their doctor may be running late. If the doctor is running on time and a patient is late but is still seen then this also makes all other appointments run late.

Our policy in regards to patients who are delayed for their appointments is as follows: If a patient arrives within their 10 minute slot then they can still be seen. If they are any later than this they should wait until a gap or until the end of the surgery.

We also try to ask patients the nature of the reason(s) they would like to see a GP/Nurse/HCA in order to book appropriate appointment lengths to cover their needs. We appreciate that this sometimes feels intrusive but it is done in the patient's best interest to ensure that we book appropriately. Furthermore we have also recently increased clinician telephone access to enable rapid review of symptoms and continuity of care.

We will continue to offer double appointments for patients that simply require more time thus reducing the waiting time for others in the waiting room.

We will also remind patients to attend their appointments on time e.g. via text reminders and appointment cards to ensure the clinician can see the patient on time, as it can be very difficult to 'catch up' if a patient arrives late.

Reception have been trained to keep patients informed of clinicians running late and to manage patients when they are late e.g. rebook them to see GPs towards the end of the surgery to ensure that other patients who have arrived on time are not kept waiting.

We also offer more telephone consultations, which offers flexibility in terms of appointment length.

Finally we have also recently introduced the opportunity for patients to have 'email consultations' – patients can register online via our website and email their 'non-urgent' queries over to the practice at a time that suits them. We aim to answer all email queries within 48hrs.

We are looking into extending appointment times to 12-15minutes, when this is economically / financially viable. Indeed, there is a fine balance between having enough face-to-face appointments and having time in the day to manage the immense GP workload of reviewing test results, correspondence, carrying out telephone consultations, home visits and various audits, which often happens over lunchtime in between surgeries.

- ***Confidentiality***

Patients in attendance at our meeting also discussed the issue of privacy in the reception area. This has always been an issue due to the way the layout of the building is. Suggestions to improve this would be to have a screen across the seated area of the waiting room to separate the reception desk. Another idea would be to have a 'confidentiality hatch' to ensure that other patients cannot hear what is being spoken about.

Since the PRG meeting this has been discussed with the deputy practice manager, who will be looking into this to try and implement this idea.

Patients would also like to give their input on design changes within the building.

Patients have also found that reception staff have not always given patients their full attention at the reception desk. Reception staff should not be fulfilling other duties whilst patients are at the desk. The reception staff are been trained to acknowledge a patient’s presence and apologising if they are in the middle of finishing a previous task.

Patient Reference Group Action Plan 2013/2014 *(agreed March 2014)*

Issue	Proposed actions	Timescale
See practitioner within 48 hours	New telephone triage system: two duty doctors a day who can assess urgent cases ASAP and see urgent patients on the same day. Embargoed appointments which are freed 48 hours in advance. Online access for appointments and prescriptions	Completed- new system put into place during February
See practitioner of choice	Ensure the spread of updated information via website and in the quarterly practice newsletter. (For example, advising patients when a specific doctor is leaving or if a new doctor is to join the surgery, details of changing policies and systems such as our reception triage.) This ensures better continuity of care. Advertise email updates within the surgery and on the website. Email quarterly updates to patients. Post newsletter to over 75s if resources allow.	To be implemented by clinical administrator and IT manager within next quarter.
Waiting time	Try to ensure adequate translation service is available for patients who do not speak English. Ensure we offer more telephone consultations. Reception staff to inform patients if clinician is running late. Reception to manage patients who are late- inform them of policy and rebook if necessary to ensure this does not affect other patients who are waiting. Reception to offer double appointments if necessary.	Reception staff will be updated by reception supervisor during ongoing training updates.
Confidentiality	Privacy in the reception area- proposed screen across seating area to separate the reception desk, or a 'confidentiality hatch'. Reception training to ensure staff are aware that they should not fulfill any other duties whilst patients are at the desk. They should acknowledge a patient's presence and should apologise if they are in the middle of finishing a previous task.	To be confirmed- options to be discussed amongst partners.

COMPONENT 6

H. Details of the action which the contractor intends to take as a consequence of discussions with the PRG in respect of the results, findings and proposals arising out of the local practice survey; and where it has participated in the DES for a year (1 April - 31 March), or any part thereof, ending 31 March 2013, has taken on issues and priorities as set out in the Local Patient Participation Report

We found that the following domains had both negative scores and poor patient feedback:

	Score in 2013	Previous Score in 2012	Difference
Q3 Appointment satisfaction	49	64	-15
Q4 See practitioner within 48hrs	35	58	-23
Q5 See practitioner of choice	37	50	-13
Q8 Waiting time	48	54	-6
Q9 Satisfaction with visit	66	77	-11

We then aimed to make changes in each of these domains, using patient feedback to guide us.

Issue	Actions taken
Appointment satisfaction	*"Doctors have no real idea of how a person is coping - the help is superficial and boxes are ticked. There is no care or feeling shown, it's all too mechanical. The knowledge is not wide ranging or in-depth and yet the patient is not always referred to an expert when they should be, resulting in yet more visits and time off work, not to mention worry and stress - surely it would be more cost effective to refer rather have numerous appointments."* *"I have had two appointments in recent weeks regarding chest infection. I've seen 2 doctors, the first was cold and unwelcoming. They did not, I feel, examine me properly. I had received antibiotics whilst away and the attitude of that doctor was in stark contrast to my first visit here. The second doctor here - examined me properly and gave me clear advice and antibiotics. Satisfactory but - rushed and under pressure."* *"The first time I came the doctor asked like he just wanted to get me in and out as quickly as possible, and didn't really listen. I know it was the end of the day, but I was quite concerned and a little scared so more time and patience would have been appreciated."* We continued to employ our popular ex-GP registrar, Dr Eleana Bibb, as a new salaried GP, as she received excellent patient feedback and is very knowledgeable and empathetic. We also recruited Dr Krishan Kandya, who came highly recommended from his previous GP Practice. He has worked in Camden over the past 2 years and so understands the complexity of inner city general practice. We also employed Dr Eleanor Keating, who received such positive feedback when she worked as a locum GP for us that we recruited her to work as a salaried GP. We expanded the portfolio of skills of our Health Care Assistant (HCA), Lisa Thorpe, such that she can now offer Lung function and NHS Health Checks for patients. This frees up time with our senior nurse such that she can manage more complex nursing cases. Our senior nurse Amanda Tanner is able to manage a variety of chronic diseases,

	offers sexual health checks and provides family planning advice. She also supervises and mentors our HCA. We continue to have Thursday afternoon clinical meetings to discuss complex patient cases to ensure that we can utilise a multi-disciplinary team approach in which we can discuss relevant cases with community healthcare professionals if need be. Our doctors are patient-centred and continue to have clinical updates to expand their knowledge and patient interaction for a more positive experience.
See practitioner within 48hrs	*"Fewer patients, it seems impossible to get an appointment within a reasonable time i.e. 3 days! It should be next day."* *"Would like to book same day appointments."* *"The practice is very good and I am very satisfied with the service provided. I wish that I could get an appointment sooner than 2 weeks."* *"It took 2 weeks for appointment - too long."* *"Sometimes quite difficult to get appointments sooner - equally if you're working long hours."* *"Returning to the old booking system where you were able to get an appointment on the day, rather than having to wait weeks - current system is totally ridiculous - not all problems would be deemed an emergency, but neither can they wait weeks - there's no middle ground, particularly if you want consistency in seeing the doctor who is familiar with your case."* Patient feedback showed us that booking appointments seemed to be a constant issue. From this feedback we have employed new GPs to improve patient access with both face to face appointments and telephone triage appointments. We have also implemented a new system where every patient who calls for an appointment is asked what is the nature of their problem. This allows patients to be booked in with appropriate time intervals and with the most appropriate person to help manage their presenting complaints. This has helped clinicians to review specific areas of the patients' clinical notes so they can review the history of a problem, which makes for a more efficient consultation. This also helps to ensure that appointments do not over run as much as possible. We also initially adopted a telephone triage system, in which all patients with urgent problems or requesting an urgent appointment would discuss their concerns / problems over the phone with the duty GP. We found that about a third of patients could be managed / reassured over the phone; a third could be booked in at a late date after initial investigations or treatment and a third would need to be seen on the day by a GP or practice nurse. However, considering feedback we received about our patients wanting more face to face access with a practitioner within 48rs we have adopted 'book on the day' appointments with all our GPs. Patients also wanted the option of having telephone triage appointments and so duty GPs also have telephone triage appointments built in to their duty doctor session. Our GP partners, GPs and reception supervisor have attended 'demand management' workshops. This has helped to optimize our appointment booking system further and has served to improve patient satisfaction. We also now offer significantly more telephone consultations and advice and have recently set up email consultations, considering the demand for online access to GP and administrative advice. We will offer more 48 hour and advanced appointments. 48 hour appointments should be blocked until 48 hours before they commence.
See	*"Would help to be able to see same GP each time."*

practitioner of choice	*"It is very difficult to book an appointment with my doctor of choice and I often have to wait weeks (other doctors do not have knowledge of my medical conditions)."* *"Again, generally happy, but I would be even happier if I could get to know any one particular doctor."* *"I am happy with doctors and nurses but it is a bit inconvenient to see a different one every time."* Due to the nature of a GP training surgery many of our registrar doctors move on after they complete their obligatory 1-year relationship. We are more pro-active at informing our patients about this since feedback. We have a sign at reception informing patients that we are a training practice, and we include this information in our newsletter and also on our practice website. Unfortunately when a patient needs an urgent appointment they may not be able to see their doctor of choice, they would have an appointment with a duty doctor. We have increased telephone access to enable rapid review of symptoms and continuity of care. Patients can book telephone consultations to speak to their practitioner of choice.
Waiting time	*"I was late on one of my appointment for 20 minutes, I know it was my fault however the receptionists told me to wait because they would check if the nurse would be able to see me, I've waited for another 20 minutes but they never came back to tell me what happened. I hope next time they can tell me so that I will not wait and then the nurse did not see me."* *"If it was possible to book a double appointment it might save on waiting times."* *"I was given only 10 minutes to see the doctor, and after voicing all my concerns, rudely told that I would need to make another appointment if I wanted to continue the discussion. Everything felt rushed and I came out feeling worse than when I came in. I waited two weeks to see the doctor, and I only was given 10 minutes of attention. Very disappointed."* From this feedback we were able to update our policy in regards to patients who are delayed for their appointment. If a patient arrives within their 10 minute slot then they can still be seen. If they are any later than this they should wait until a gap or until the end of the surgery. Receptionists have also been trained to keep patients informed of clinicians running late and to manage patients when they are late e.g. rebook them to see GPs towards the end of the surgery to ensure that other patients who have arrived on time are not kept waiting. We now ask patients the nature of the reason(s) they would like to see a GP/Nurse/HCA to ensure that an appropriate length appointment is booked to cover the patient's needs. We offer double appointments to patients who have complicated past medical history, or in whom English is not the first language (we offer interpreters in these scenarios) or those who have many problems to discuss. We have also recruited more salaried GPs from August 2013 to help with the demands on appointments.
Satisfaction with visit	*"It is a great practice and I like the doctor especially 2 doctors. The only very down side, I think, it's the reception. People at the reception are always extremely professional, however their manners quite often are not very kind, sometimes it seems you are bothering them by asking things and I'm talking about appointments not specific things. Quite awkward."*

	"Better atmosphere with reception staff - friendly/approachable. (Music). More advice and practice of second opinion/complementary medicine." *"Improve waiting time and improve some of the attitude of the reception staff (eye contact and warmth of greeting etc)."* *"Please train the receptionists - staff have little concern for privacy and are, at times, aggressive if one declines to answer a personal question about one's medical condition. I have been given a strong impression that they would prevent access to medical staff unless I answered their questions. I felt able to deal with this - others might not."* We have improved satisfaction with both 'front of house' experience and consultations themselves. We put this down to rigorous induction periods for new staff and clinicians. Also we have weekly clinical and reception meetings, and regularly respond to feedback from PRG and patient comments, which help us to refine the whole patient experience. We have also purchased a patient self-check-in, which has reduced the queuing time at reception, as the self-check-in automatically check-ins patients at reception and informs them on what floor their appointment is and informs clinicians that a patient has arrived for their appointment. We ensure that the patient newsletter and our practice website is updated regularly to reflect any changes to the practice profile e.g. we now have online access such that patients can book appointments online, request prescriptions online and also patients can register to have email consultations online. We also have continuous training for our reception staff in order to improve our receptionists' relationships with patients.

In summary:
This action plan formulated last year in response to key features of the local practice survey and from the significant comments/feedback from our PRG included in the practice survey, appears to have been partly successful as this year we have seen improvements in 27/28 domains.

I. The opening hours of the practice premises and the method of obtaining access to services throughout the core hours.

Holborn Medical Centre's Opening Hours are:

Monday	08:50 to 20:00
Tuesday	08:50 to 20:00
Wednesday	08:50 to 20:00
Thursday	08:50 to 13:00
Friday	08:50 to 18:30

We close earlier on a Thursday for staff training, administration purposes and so that clinicians can have clinical meetings to discuss complex cases, discuss new clinical guidelines and approach a holistic multi-disciplinary approach to patient care. During this time we have an Out Of Hours service available.

All of our clinic sessions are by appointment only. These are offered as urgent 'on the day' appointments, and in advance. Appointments can be booked by telephoning, calling in personally at Holborn Medical Centre, or online. Patients can book up to 1 month in advance.

If a patient has an urgent query but they do not need an appointment they can have a clinician phone them. We also offer telephone consultations and email consultations.

J. Where the contractor has entered into arrangements under an extended hours access scheme, the times at which individual healthcare professionals are accessible to registered patients.

We offer late sessions on Mondays, Tuesdays and Wednesdays with our GPs. We also offer a late session with both our healthcare assistant and our nurse practitioner.

Individual healthcare professionals are accessible to registered patients during the following times (subject to changes):

Dr Alex Moghissi
GP Partner
Clinics held on a Monday, Tuesday, Thursday and Friday.

Dr Vikram Davé
GP Partner
Clinics held on a Monday, Wednesday and Friday.

Dr Jonathan Hazon
Salaried GP
Clinic held on a Friday.

Dr Emma Parsons
Salaried GP
Clinics held on a Tuesday, Wednesday, Thursday and Friday.

Dr Krishan Kandya
Salaried GP
Clinics held on a Monday, Wednesday, Thursday and Friday. Late surgery on a Wednesday.

Dr Eleana Bibb
Salaried GP
Currently on leave (back in May 2014).

Dr Miranda Parkinson
Assistant GP
Clinics held on a Monday and Wednesday.

Dr Eleanor Keating
Salaried GP
Clinics held on Monday, Tuesday, Wednesday and Thursday. Late surgery on a Tuesday.

Dr Geraint Warlow
Specialist GP Registrar
Clinic held on Tuesday, Thursday and Friday.

Dr Darshna Patel
Specialist GP Registrar
Currently on maternity leave (back in May 2014).

Amanda Tanner
Nurse practitioner
Clinics held every weekday. Late surgery on a Tuesday.

Lisa Thorpe
Healthcare assistant
Clinics held on Monday, Tuesday, Wednesday and Friday. Late surgery on a Tuesday.

We currently have locum GPs and nurses also to improve appointment access at time of elevated demand.