

Annex D: Standard Reporting Template

Taken from; GMS Contract 2014/15, Guidance and Audit requirements, NHS England Gateway reference: 01347

East Anglia Area Team
2014/15 Patient Participation Enhanced Service Reporting Template

Practice Name: [Bungay Medical Practice](#)

Practice Code: [D83034](#)

Signed on behalf of practice: [Lynette McCartney](#) Date: [16 March 2015](#)

Signed on behalf of PPG/PRG: [David Robinson](#) Date: [16 March 2015](#)

1. Prerequisite of Enhanced Service Develop/Maintain a Patient Participation Group (PPG)

Does the Practice have a PPG? YES / NO	Yes
Method of engagement with PPG: Face to face, Email, Other (please specify)	Face to face in 6 weekly meetings / Virtual PPG via email
Number of members of PPG:	7 members of PPG and 5 members in VPPG

Detail the gender mix of practice population and PPG:			Detail of age mix of practice population and PPG:								
%	Male	Female	%	<16	17-24	25-34	35-44	45-54	55-64	65-74	>75
Practice	50.8	49.2	Practice	7.0	18.6	9.9	11.2	14.0	13.5	13.4	12.3
PPG	58%	42%	PPG	0	0	0	0	8.8	25.0	50.0	16.7

Detail the ethnic background of your practice population and PPG:

	White				Mixed/ multiple ethnic groups			
	British	Irish	Gypsy or Irish traveller	Other White	White & Black Caribbean	White & Black African	White & Asian	Other mixed
Practice	94%	0.1%	0.01%	3.3%	0%	0%	0%	1.4%
PPG	100%	0%	0%	0%	0%	0%	0%	0%

	Asian/ Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any Other
Practice	0.1%	0.01%	0.06%	0.2%	0.4%	0.03%	0.06%	0.03%	0%	0.4%
PPG	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

Describe steps taken to ensure that the PPG is representative of the practice population in terms of gender, age and ethnic background and other members of the practice population:

The practice advertises on the practice website, the Jayex boards which we have in both of our waiting rooms and regularly in the practice newsletter.

Bungay Medical Practice Patient Participation Group came into being in April 2004. Under its Terms of Reference it comprises a group of twelve members, representing the whole practice area. The Practice Manager and/or the Practice Project Manager attend each meeting. The PPG works with the practice and involves patients in its running so that their concerns and recommendations are taken into account, especially when changes to local – and national – primary care services are proposed. The group also monitors the services provided by the practice and considers services which might be provided in the future. We also have a Virtual Patient Reference Group (VPPG).

We have however a very new group which has only recently been established.

The group have recently changed the timing of the meetings to start at 6:30 rather than 4:30 in the hope that this may attract the younger working population.

[Newsletter Spring 2014 >>](#) [Newsletter Summer 2014 >>](#) [Newsletter Winter 2014 >>](#)
[PPG Invitation >>](#) [PPG Notice >>](#)

<http://www.bungaymedical.co.uk/>

Are there any specific characteristics of your practice population which means that other groups should be included in the PPG?

e.g. a large student population, significant number of jobseekers, large numbers of nursing homes, or a LGBT (Lesbian Gay Bisexual Transgender) community? YES/NO

Yes we have a large number of residential homes (6) and one large nursing home plus a very elderly population resulting in large numbers of vulnerable patients.

If you have answered yes, please outline measures taken to include those specific groups and whether those measures were successful:

One of our PPG members does live in our nursing home so is able to represent this group of patients and we feel our group is representative due to the large number of elderly patients in our catchment area.

2. Review of patient feedback

Outline the sources of feedback that were reviewed during the year:

The practice started using the friends and Family questionnaires in September at the request of the PPG. The questionnaires were analysed by a PPG member and the results discussed at the following PPG meeting on 30th October. From this information the group decided on 2 of the key priority areas required for the DES. (see minutes)

How frequently were these reviewed with the PPG?

These were reviewed at the October meeting and again at the January meeting (see minutes)

3. Action plan priority areas and implementation

Priority area 1

Description of priority area:

Examine the current system of appointments.

What actions were taken to address the priority?

The practice currently, along with many practices in GY& W, has an acute shortage of GP's. In consultation with the PPG, the practice has put emergency measures in place. We are fortunate in having an excellent team of nurse practitioners who operate an effective same day clinic dealing with acute on the day problems. However supply and demand have been problematical and we have had to put in place a temporary emergency appointment system

until such time we are able to recruit GP's. However the emergency measures implemented appear to maintain level of care.

Action taken to date.

- Minimise number of appointments booked ahead – unless deemed clinically necessary by GP. Most GP appointments to be booked 'on the day'.
- Routine 10 minute GP appointments released on the day. When these have been fully booked, patients who feel they need to be seen the same day are booked into an emergency 'Extras' clinic and asked to attend the practice at 6pm if they are not telephoned sooner
- The last session of the day (4:30 onwards) is not pre-booked to allow acutely unwell patients to be seen to minimise any OOH contact or A&E attendances.

Result of actions and impact on patients and carers (including how publicised):

New temporary emergency measures appointment system has been advertised on the practice web site and in the newsletter (see attached).
Review will take place when we have more GP's in post.

It appears that the practice is managing patient demand and patient's health issues are being managed. Many of the patients on this Extras clinic list are contacted prior to 6pm and asked to attend surgery. Having a list of patients with a brief nature of the problem assists the clinical and reception team to prioritise patients accordingly.

Difficulties:

Patients are phoning in at 8am and asking for 5.30pm appointments; saying that they are not available to come to surgery until after 5.30pm and are not providing a useable telephone number or not answering the phone when contacted and invited to come in for an earlier appointment.

Feedback:

Some patients think this is a better system. Others are frustrated that it still hasn't improved access to their usual GP. The reasons for this are explained above.

Priority area 2

Description of priority area:

Dispensary audit

Identify the frequency of running out of commonly prescribed drugs for acute prescriptions resulting in a second unnecessary visit to the practice by the patient.

What actions were taken to address the priority?

Audit to be carried out 26th January 2015 for 2 weeks for acute prescriptions

A slip will be attached to each acute prescription Date of issue-in stock, out of stock date patient collected owing.
After the 2 weeks information will be collected and compared with the previous year audit for owing items

Result of actions and impact on patients and carers (including how publicised):

RE-AUDIT OF ITEMS OWING OF ACUTE PRESCRIPTIONS (SURGERY PATIENTS) 26TH JANURAY – 6TH FEBRUARY

INTRODUCTION

The surgery had their CQC visit in September 2014, the Pharmacist who reported on the dispensary looked at the audit carried out for the DSQS 2014 for items owing, he was concerned about the high number of items owing for surgery patients and the inconvenience caused to patients who did have to make a return journey to the surgery. The pharmacist spoke with the surgeries Patients Participant Group, who agreed with the pharmacist a need to re-audit the items owing and report back to the PPG.

METHOD

The audit was carried out for 2 weeks 26th-January to 6th February 2015. Acute prescriptions issued by GPs/Nurse prescribers had a form attached for the dispensers to fill out with the date, in-stock medication/out of stock and the date patient returned to collect the item owing.

RESULTS

The audit resulted in 100 acute patients with 132 items prescribed.

102 of the items prescribed were stocked in the dispensary, causing no delay to the patient.

59 items of Antibiotics & steroids in various forms – 58%

11 items of Pain killer in various forms – 12%

32 items of other in various forms – 32%

Overall the dispensary stocked 77% of medication required for acute patients.

9 items prescribed were not in stock and the patient did have to make a return journey to the surgery.

3 items should have been stocked 34%

Dovobet ointment, Dovonex oint, Timodene cream,

6 items prescribed were not on formulary or not prescribed very often. 66%

(Exocin drops, Creon 2500 caps, Propranolol liquid, Movicol Paed sachets, Gauze swabs 1x100, Viscotears SDU drops)

Overall the dispensary did not stock 7% of the medication required for the acute patients.

22 of the items prescribed were found to have more than 1 item prescribed on the acute prescription.

7 items were in stock 32%

7 items were not stock – 4 items should have been stocked and used or not re-ordered & 3 items not on formulary or not prescribed very often 32%

4 prescriptions prescribed by multiple packs the stock were in for the first pack, but the

patient did have to return for the remaining owing's. 18%
4 items prescribed were split pack, the patient received some of the medication but did have to make a return journey for the owing. 18%
Overall the dispensary percentage of more than 1 item prescribed 17% of which 6% was stocked and 11% not stocked.

CONCLUSION

From the re-audit carried out it concludes the dispensary stocked 82% compared with 63 % in 2014 audit and 18% of items not stock compared with 2014 audit of 36%, this audit concludes the dispensary is stocking a higher number of items than 2014, and reduced the number of not stocked items.

FURTHER ACTION

The dispensary will look at ways of reducing the not stocked items by informing GP/Nurse prescribers to use the formulary. If the CCG/script switch prompts to use the most cost effective medication to ensure the dispensary have the stock available, the dispensary manager will check each month with the CCG/script switch of any changes and order appropriate stock.

The dispensary will start using stock control this spring/summer 2015, logistically this will cause major upheaval in the dispensary, all items stocked will need to be scanned into the stock control system individually, this cannot be done in normal working hours, the staff may need to come in on a Saturday and Sunday, this will have to be planned very carefully.

Any suggestions from the PPG.

Priority area 3

Description of priority area:

Analysis of the "did not attend" problem.

What actions were taken to address the priority?

Texting introduced. A confirmation text is automatically sent when the patient record is saved after an appointment has been made then a reminder is sent the day before the appointment.

The practice to investigate the possibility of sending a text message to all patients who fail to attend an appointment at the practice with the usual message about wasted NHS resources.

Result of actions and impact on patients and carers (including how publicised):
We will continue to analyse the DNA's statistics monthly but are hopeful that the introduction of this system will lead to a significant decrease in patients not attending.

Progress on previous years

If you have participated in this scheme for more than one year, outline progress made on issues raised in the previous year(s):

See below recommendations from 2013 survey and progress made to date.

1. Continuing monitoring of appointment availability using the RCGP 3rd available appointment measure to see how the increased GP staffing impacts. We will report back to the PRG later in the year.
We are no longer monitoring the appointments in this way due to our acute GP shortage and the temporary emergency appointment system.
2. Look at Doctor First again when the Beccles practice reports on its experience. We will discuss this with the PRG then.
This option has been looked at. The practice has changed the way appointments are released and booked as temporary emergency measures until such time that more GP's are recruited – not a Doctors First model.
3. Introduce “stand alone” option on telephone answering that warns patients they will be asked the reason for their request if it is urgent, when invested in new system.
A new telephone system was installed in 2014 which includes many more modern features and allowing more flexibility with regard to automated messages. It also allows automatic call recording which is again very beneficial for both the practice and patients.
4. Publish an article in the newsletter that informs patients of the points discussed in this report.
This has been done.
5. Obtain reading material for the waiting rooms and put posters up inviting parents to bring toys for their child to play with whilst waiting.
Regular new magazines are received for waiting rooms
6. Look at obtaining a performers license for more varied music.
Cost implications have prevented this happening
7. Arrange training on conflict management for staff.
This has been done
8. Advertise online services with poster.
This has been done
9. Ask attached staff to use rear car park.
This has been done
10. Recommend lift sharing in flu clinics when advertised.
This was done. Flu clinics this year were extremely successful and patients were very pleased with the organisation and efficient service they received.

There was no patient survey done in 2014. However, we have been running the friends and family test since September. The following is a summary of the results received to date.

How likely are you to recommend our service to friends and family if they needed similar care

or treatment?

Question	Number of responses	%
Extremely likely	68	78%
Likely	13	15%
Neither likely or unlikely	3	3%
Unlikely	1	1%
Extremely unlikely	3	3%
Don't know	0	0
Total	88	

Most patients also commented and the vast majority had very positive feedback.

4. PPG Sign Off

Report signed off by PPG: YES

Date of sign off: 16th March 2016

How has the practice engaged with the PPG:

6 weekly meetings

Practice representative at these meetings. Most meetings include a GP.

How has the practice made efforts to engage with seldom heard groups in the practice population?

Completing of friends and family test. Online access / Paper completion in surgery in both waiting area / on practice website

Practice forthcoming with information when requested, not affecting patient confidentiality

Has the practice received patient and carer feedback from a variety of sources?

As above -friends and family test

Was the PPG involved in the agreement of priority areas and the resulting action plan?

Yes – see attached minutes

[PPG Minutes October 2012 >>](#) and [PPG Minutes December 2012 >>](#)

How has the service offered to patients and carers improved as a result of the implementation of the action plan?

- Emergency appointment system implemented due to lack of GP's. This appears to have maintained a good standard of care.
- From the re-audit carried out it concludes the dispensary stocked 82% compared with

63 % in 2014 audit and 18% of items not stock compared with 2014 audit of 36%, this audit concludes the dispensary is stocking a higher number of items than 2014, and reduced the number of not stocked items.

- Anticipate that texting patient re appointments will significantly reduce DNA figures

Do you have any other comments about the PPG or practice in relation to this area of work?

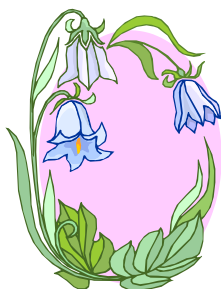
The new PPG has established a good working relationship with the practice. We have a new constitution which protects this relationship.

Issue 27

Spring
2014



28 St John's Road, Bungay NR35 1LP



PATIENT NEWSLETTER

Bungay Medical Practice

EASTER OPENING TIMES

Friday 18 April (Good Friday)	Closed
Saturday 19 April	Closed
Sunday 20 April (Easter Sunday)	Closed
Monday 21 April (Easter Monday)	Closed
Tuesday 22 April	Open normal hours

OTHER BANK HOLIDAYS

Monday 5 May (Early May Bank holiday)	Closed
Tuesday 6 May	Open normal hours
Monday 26 May (Spring Bank Holiday)	Closed
Tuesday 27 May	Open normal hours

Normal opening hours are 8:00 am to 6:30 pm



Out-of-Hours Service:

If you require a doctor **URGENTLY** when the surgery is closed please telephone **111**

Out-of-hours medical care is provided by South East Health. Please do not telephone with routine enquiries as this may block the emergency lines—thank you

Other services available:

There is a Minor Injuries Unit at Beccles Hospital in St Mary's Road, Beccles, which is open from 8am to 8pm every day—01502 719821

General ailments—Walk-in Centre, NHS Greyfriars, 5 Greyfriars Way, Gt Yarmouth
Open 8am to 8pm daily—01493 335340

Also, NHS Timber Hill, Castle Mall, Norwich, Open 7am to 9pm daily—0300 0300 333

Don't forget your Pharmacist who can help with many conditions

If you have a MINOR ailment or injury, please **DO NOT** attend the A&E Department

Surgery Contact Numbers

Appointment & Enquiries: Tel 01986 892055

Emergencies: Tel 01986 892713

Website: www.bungaymedical.co.uk

Dispensary & Prescription Queries: 01986 891707

Nurse Admin Office: 01986 891718

Fax Number: 01986 895519

- **Dr Sarah Lineham**

Some of you may already have met Dr Lineham who joined us towards the end of the summer last year. Dr Lineham was previously a GP in Milton Keynes but has moved with her family back to the area having previously been brought up locally. We are delighted to inform you that Dr Lineham became a partner at the practice at the beginning of February. Dr Lineham is currently taking on new patients so if you would like to join her list please enquire at Reception. Dr Lineham has also been allocated patients who have not seen their "usual GP" for over a year. This is because many of our GPs are over sub-scribed and this will help ease things for patients and Doctors. We have not written to each patient informing them that they are now a patient of Dr Lineham's because of the costs involved but would encourage you to check when contacting us next time as to who we have as your "usual Doctor."

- **Dr Claudia Walker**

Dr Claudia Walker joined the practice on 1st January this year. She qualified in 2005 from Leicester Warwick Medical School and then did her GP training in Oxfordshire and then went to work as a salaried GP for Dr Taylor and partners in Woodbridge until joining us in January. Dr Walker will be working in the practice Monday to Friday

- **Dr Mohammed Rashid**

Dr Rashid is our new GP trainee until August this year. He was a medical student at Imperial College, London, and then trained as a surgeon

- **Foundation Year Two Doctors (F2s)**

F2 doctors are attached to the Norfolk & Norwich University Hospital and are part of a rotation scheme. Many of them have been medical students at the UEA and may have been based at this practice as part of their training. Dr Emma McCarthy, our current F2, will be leaving the practice in April and will be replaced by Dr Dawn Collins

- **Nursing Department**

- **Sally Remblance, Senior Practice Nurse**

After 10 years in the practice, Sally left us at the beginning of February to work at a surgery nearer to her home. We wish her well in her new post

- **Katherine Mcilroy**

Katherine joined the nursing team at the end of February. She has 20 years of nursing experience and more recently was nursing at All Hallows

- **Secretarial**

- **Helen Doylend**

Helen joined the secretarial team at the beginning of September 2013 as secretary to Dr Himan Amarawickrama and Dr Mariella Elissen. Helen is also the IT Administrator for the practice

First Floor Waiting Room Windows

For patients' safety there are restrictions on how far the windows in the waiting room will open.



BOOKING APPOINTMENTS & REQUESTING REPEAT MEDICATION ONLINE

The practice offers an online repeat prescription service, also GP appointment booking. In order to access this service, patients will need a username and password. If you were previously registered with our EMIS computer system, please contact the surgery and we will be able to issue you with a new username and password. If you have not been registered to use this type of service before with the practice, please come to our front reception desk with 2 forms of identification, one of which will need to be a photo ID. Suitable types of identification include a passport, driving licence (card or paper copy), a current utility bill (less than 3 months old), a Council Tax notice etc. Unfortunately we are unable to accept mobile phone bills as a form of ID.

When you obtain your username and password, please visit the practice website at ww.bungaymedical.co.uk and click on the SystmOnline link in the middle of the page. This will send you to the online service, where you may enter your username and password. When you have successfully logged on, SystmOnline will ask you to change your password to something more memorable, so please don't worry! If you experience any problems with logging in, please contact the surgery on 01986 892055, where we can usually fix the problem quite quickly. Once you have logged in, you will be able to order repeat medication and book any available appointments with your usual GP. These appointments are generally 'forward booking' type of appointments, so if you need an emergency appointment or be seen by another healthcare professional before the first date shown, please do contact the surgery on 01986 892055 as usual, where the reception team will be able to help you find a suitable appointment



Patient Survey:

The PRG has been very busy since the Autumn Newsletter, with the distribution and collecting in of the annual patient survey in November, and then analysing the results and making recommendations to the practice. We were delighted that Dr Emerson came to our February meeting, so that we could receive and discuss the practice's response to our recommendations and the practice's Action Plan.

Under the terms of the Patient Directed Enhanced Service (Patient DES), to which the practice is signed up, the practice – with PRG input – now has to produce a full Report which must include how the priorities for the survey were arrived at, how the survey was carried out, the PRG's analysis of the results and its recommendations to the practice, the practice's Action Plan, an update on the Action Plan for the *previous* patient survey, and the practice demography – it's all quite a task ! And the PRG will be carrying out its own Nursing Service survey in the near future, because the nurses, although a vital part of the practice's clinical team, are not included in the official patient survey.

AGM/Open Evening:

We'd like to invite you to come to our AGM/Open Evening on Thursday 17 April, at 6.30 pm in the practice. This year Public Governors from the JPUH and the NNUH will be attending the meeting, and we hope that they will be able to answer any questions you may have about the two hospitals.

The PRG's Chair, who was a founder member of the PRG ten years ago, will be 'retiring from active service' at the AGM, together with four long-serving members, This means that the PRG will be severely depleted, with just five remaining members (we already have two vacancies). We very much hope to use the AGM/Open Evening to recruit some new members. If you're keen to help monitor the services provided by the practice, and sometimes those provided by other health, social care, and voluntary organisations; if you're able to commit to coming to two-monthly meetings, and ideally if you're computer-literate, *please* think about joining us. The PRG also has a vacancy for a secretary. If you'd like more information on joining the PRG or the vacancy of secretary and a joining pack, please contact Jenny Hyams, either phone 07720 134571, or email jenny.hyams@nhs.net

Letter to Patients from Dr Emerson

Dr Emerson has written this letter in response to the Patient Reference Group's recommendations to the practice on the outcomes of the 2013 Patient Survey. The full report on the survey can be downloaded at www.bungaymedical.co.uk under the PRG link or on request at reception.

Dear Patient

Patient Survey 2013

At the end of last year the Patient Reference Group (PRG) distributed and collected in a survey on patients attending doctors' appointments. They used the Improving Practice Questionnaire (IPQ) which is a nationally recognised format. A full copy of the Report is available to download on www.bungaymedical.co.uk under the Patient Reference Group Section or on request at reception.

Thank you to those 275 patients who returned a questionnaire. We are very pleased with the scores for doctor consulting e.g. greeting, explanations, reassurance, consideration, confidence in ability and recommending the doctor to others.

Scoring average against national benchmark were telephone access, comfort of waiting room, satisfaction with visit, listening, showing respect, and enabling self care.

However, we scored below the benchmark for ability to see doctor of choice, seeing a practitioner within 48 hours, speaking to a practitioner on the phone and reception services. Understandably it was these items that the PRG concentrated on in their recommendations and which were discussed when the PRG met with the practice on Monday 24th February 2014.

The main factor here is that the practice has been understaffed with permanent doctors over the last 3 years despite vigorous attempts to recruit, due to a national and chronic shortage in GPs.

50% of graduating doctors are needed to train as general practitioners and currently only 20% put this as their first career choice, so this is unlikely to change anytime soon. We have relied on local regular and valued locum doctors to make up the shortfall but these doctors don't have a list. The remaining partners have had very inflated list numbers as a result and the chances of seeing one's own doctor has been less as a result.

In Bungay our patients have traditionally been used to having their own named doctor and we want to continue this policy; many practices abandoned this years ago. In fact the rules have changed so that you are currently actually registered with the practice and not an individual doctor. We have, however, kept patients with a "usual doctor" who receives all results and correspondence and who remains in overall charge of their case. From April, the government has asked for this to happen nationally for those aged over 75 so, although we are doing this already, we will inform this age group of their named doctor later in the year.

We are pleased to say that we have now recruited Dr Sarah Lineham and Dr Claudia Walker who will both be taking on lists of their own. This brings us back up to our former levels of doctors but it will be a while before the effects are felt. We are monitoring wait times for appointments with each doctor on a weekly basis.

It is also obvious to us that workload has increased greatly in the last 5 years. A lot of this is good news. We are doing so much more in primary and secondary prevention of illness and many jobs that were done previously in hospitals are now done by us here closer to home. You will also know that GPs now commission hospital services through our Care Commissioning Group (CCG) and this requires our time as well.

Unfortunately our resources have decreased in real terms and we are having to work increasingly efficiently and intensively. The whole country is in the same situation so we really cannot complain but if we are to maintain standards, it will have an inevitable knock on effect on accessibility. I would like to draw your attention to the Royal College of General Practitioners' (RCGP) campaign "Put Patients First – Back General Practice". Primary Care does 90% of NHS patient contacts and yet receives just 8% of the health budget. The RCGP are asking government to increase that to a mere 11% - the difference it would make would be enormous. If you value family doctor services and would like to support the campaign please consider writing to your MP or go online to <http://www.rcgp.org.uk/campaign-home.aspx>.

Finally it is important to realise that seeing patients in the surgery is just one part of what we do. It is a common misconception these days that GPs don't visit any more. In Bungay we have an unusually elderly population and we average some 20 to 30 visits daily. We are proud of this as we believe it prevents unnecessary hospital admissions and our figures show this is the case. However each visit takes a minimum of 30 minutes, time that would otherwise be spent consulting in surgery. We also do weekly rounds at the 6 residential homes in our patch as well as daily rounds at All Hallows Hospital. These patients were not surveyed.

I'm afraid there are no easy fixes and a lot of work remains to be done. We share your frustrations; we are all patients too elsewhere and have the same difficulties. We remain positive and enthusiastic however, and will always continue to look for ways to improve the situation.

I would like to take this opportunity to thank the PRG for their hard work and valuable contributions.

The following items came up in the survey and the PRG has asked me to address these here:

Why can I not get an appointment with my own doctor?

This is largely answered above. You can if you book ahead but at the moment this might be 2 or 3 weeks away. We all have urgent slots reserved but these must be where medically urgent and they go quickly. All patients can be seen the same day if medically urgent. This might be with our team of senior nurses who can diagnose and treat simple illnesses or ask the doctor to see the patient if needed. Please remember that the practice runs extended hours surgeries for booked appointments at the following times:

Monday 7am to 7.45am

Thursday 6.50pm to 8.30pm

These sessions are intended for working patients who are unable to come in office hours.

Why am I asked by reception the reason for my appointment request?

You are only asked this if you are requesting an urgent appointment. This is to make sure you are given the correct slot with the correct person. We don't ask our nurses to see ongoing problems, pregnant women or the under ones. Some problems need to be seen even more urgently. We don't want much detail, just an idea.

What if I work during the day?

We have some "book ahead" appointments in the evenings on Thursdays and early mornings on Monday. We would ask that you don't book these if you are available during the day.

Why does my doctor run late?

We do try to start on time but even this is not always possible if we're coming back from visits. Appointments are 10 minutes and you can imagine it is very difficult to keep to time especially toward the end of surgeries. We do want to give more time to those distressed or very ill and have occasional gaps to accommodate this. Please be aware of our time constraint; we don't want to rush you so prioritise your problems and be prepared to come again if you have a number of items. We are very happy if you bring some written bullet points to help you.

My dentist texts me with reminders, why can't you?

This is a good idea as we still get so many patients not attending their appointments. With our new computer system we will be able to send automated texts. However, every one needs to give permission individually and we are currently collecting these. Reminders will be anonymous in case mobile numbers become out of date. We hope to start this soon. Please let us know if an appointment is no longer required.

Why is there nothing to read or any toys in the waiting room?

We are going to source a supply of magazines that are changed regularly to reduce infection risk. Toys however cannot be cleaned well enough and between children to make this safe. We are very happy for you to bring in toys and books for your children while they are waiting. We are also going to improve the call screen content to make this more relevant and up to date.

Why is the music in the waiting room so limited?

We are looking at the cost of a performers' license to see if this would be money well spent.

Why has ordering prescriptions on the phone been stopped?

This is agreed nationally to be unsafe practice that can lead to errors. However, exceptions can be made for housebound patients who have no one to bring in request slips. If you think this applies to you please discuss with your doctor.

Why has ordering prescriptions and booking appointments online been stopped?

It hasn't. We did have a period from September 2013 when we changed software to SystemOne when this wasn't possible. If you would like to use this service bring a passport and utility bill to reception to register. This is not available as yet for under 16s.

How do I get my test results?

For most blood tests and urine tests we ask you to ring in after 5 days to enquire. Some take longer and your doctor will tell you if this is the case. We contact you with abnormal results but please still ring in if you have not heard unless you have an appointment coming up.

Dr Andrew Emerson

February 2014

INFORMATION-SHARING IN THE NHS

We thought you might like to see what the various organisations involved in NHS information-sharing actually do. The following was provided by the Deputy Governance Information Manager, NHS Anglia Commissioning Support Unit, to our Patient Reference Group at its meeting in November 2013.

Changes to the NHS by the Health & Social Care Act 2012 has meant that who has access to what has changed. This means that unless it's for direct patient care, there is a legal basis, or that consent is in place. The clinical commissioning groups (CCGs) and the commissioning support units (CSUs) are not allowed to use data patient-identifiable data for commissioning purposes unless it is fully anonymised, or consent is in place. Instances where your information may be used by the CCGs and CSUs in an identifiable form would be to investigate a complaint on your behalf or look into a concern that has been raised on safety or care. On these occasions the CCGs and CSUs would ask for your consent or it would be covered by a legal basis by eg the Data Protection Act and the management of health care services.

The Information Commissioners Office (ICO) is the organisation that enforces the Data Protection Act and the Freedom of Information Act – it has the power to impose enforcement notices and decision notices and a fine of up to £500,000. The Health & Social Care Information Centre (HSCIC) has been put in place to conduct data analysis and processing on behalf of the commissioning organisations.

SCR, GPES, Care.data

All of these are national systems and the local CSUs and CCGs have not implemented them. It has been done at a national level

SCR

A Summary Care Record is an electronic record which contains information about the medicines you take, allergies you suffer from and any bad reactions to medicines you have had. Patients are given the option to opt out of having a Summary Care Record. If no opt-out is received an SCR will have been created for you. More information on SCR is available www.nhscaresrecords.nhs.uk/

GPES

The service is being developed and centrally managed on behalf of the NHS by the Health and Social Care Information Centre (HSCIC) with the sponsorship and support of the Department of Health. The General Practice Extraction Service (GPES) is a centrally-managed primary care data extraction service that extracts information from GP IT systems for a range of purposes at a national level. It also forms part of the new process to provide payments to GPs and CCGs.

Practices will not be given a general choice to opt in or out of all queries that extract patient identifiable data; they will be informed about each such query and asked to choose on a query-by-query basis. Where no response is received from a practice about the general choice above, or about a particular query, GPES will assume “no” and will not extract data. GPES will always respect practice choices about access to practice data. More info on this can be found at www.hscic.gov.uk/media/1532/GPES-Information-Governance-principles/pdf/GPES_IG_Principles_0312.pdf

Care.data

The start of the new NHS data-sharing scheme in England, commissioned by NHS England, and which will involve taking records from GP practices and linking them with hospital records, is being delayed by six months. Work to start compiling the largely anonymised medical records on to the Care.data database was meant to start from April, but NHS England has now decided that will not now happen until the Autumn. The organisation has accepted that the campaign giving people the chance to opt out needs to be improved. There has been widespread criticism that the public has been left in the dark over the plans, amid reports that not

everyone received the leaflets explaining the project. The Royal College of GPs, the British Medical Association and the patient watchdog Healthwatch England have all voiced concerns in recent weeks. Patients have the right to object to any extraction of Patient Information Data (PCD) from the GP practice unless there is (a) a statutory duty to share information, (b) a court order or (c) an overriding public interest in disclosure. More information on Care.data can be found at: : www.ico.org.uk/for_organisations/sector_guides/health/care_data

www.england.nhs.uk/wp-content/uploads/2013/08/cd-pat-faqs.pdf

MENTAL HEALTH CONSULTATION

Many of you will be aware of the current consultation on mental health services being carried out in our area by HealthEast, our Clinical Commissioning Group, which commissions mental health services for people living in Great Yarmouth and Waveney. We are being invited to give our views on proposals to improve care for adults with dementia and other mental health issues. **The consultation launched publicly on Thursday 30 January and runs for 12 weeks, closing at 5.00 pm on Thursday 24 April 2014.** Hard copies of the summary consultation document were delivered to approximately 87,000 homes with the Great Yarmouth and Gorleston Advertiser (Thursday, 30 January) and the Waveney Advertiser (Friday, 31 January), and a series of public meetings is being held. Make your voice heard, and find out more on the HealthEast website, at www.greatyarmouthandwaveneyccg.nhs.uk or phone 01502 719500.

DIAL

We're delighted that DIAL, which provides information and help to people with disabilities, has set up an outreach service in the practice. This runs on the 4th Wednesday morning of each month, and home visits are carried out on the Wednesday afternoon. Appointments are made via DIAL Lowestoft & Waveney on 01502 511333 (please don't ring the practice to arrange your appointment).

NHS ABDOMINAL AORTIC ANEURYSM SCREENING PROGRAMME: This national programme was rolled out in May 2013. It calls men of 65+ for ultrasound screening, and men may also self-refer. Please see the posters in the waiting rooms – and information leaflets are also available.

MOBILE PHONE NUMBERS AND EMAIL ADDRESSES

We hope to be able to offer patients the facility of texting them to remind them of appointments in the near future. We would also like to be able to keep patient's information up to date in case we needed to contact them in an emergency. To facilitate both of the above we would be grateful if you would take the time to complete the tear off slip below and return it to the practice. We confirm that the information will be held in the strictest confidence and not passed on to any third parties.



.....
Patient email addresses and mobile phone numbers

The practice is collecting patients' email addresses and mobile phone numbers so help us contact patients more effectively in the future. The information you provide will not be passed on to anyone else. Please help us by completing this form and returning it to the practice. Thank you! If you also consent to receiving texts from this practice please tick this box

Name (please print): DOB:

Email address:

Mobile phone number:

Issue 28

Summer &
Autumn 2014

28 St John's Road, Bungay NR35 1LP



APPOINTMENTS SYSTEM

The Practice are looking at various options to improve our appointments system. We will be able to update Practice members within the next couple of months.

Phone calls do need to be booked like any other consultation as notes and a computer are required for the doctor to consult. These phone calls are booked at 5 minute intervals. All doctors have urgent slots reserved on the day which can be used but these book up quickly.

FLU CLINICS 2014

FIGHT FLU THIS WINTER

Our Flu Clinics this year are being held on the following Saturdays:-

Saturday 11 October

8.30am – 10.00am for patients with surnames beginning with the letters **A – B**

10.00am – 11.15am for patients with surnames beginning with the letters **C – E**

11.15am – 12.30pm for patients with surnames beginning with the letters **F - J**

Saturday 25 October

8.30am – 10.00am for patients with surnames beginning with the letters **K - O**

10.00am – 11.15am for patients with surnames beginning with the letters **P - S**

11.15am – 12.30pm for patients with surnames beginning with the letters **T - Z**

Clinics will be from 8.30am – 12.30pm and no appointments are necessary, simply turn up at your allotted time (as set out above). If you have difficulties attending your allotted session, please attend an alternative session

You qualify for an NHS Flu Jab if you are 65 or over, or if you have any of the following problems:-

Heart disease	Chronic bronchitis
Asthma (on inhaled steroids)	Diabetes
Kidney failure	Respiratory disease making you short of breath
Any condition required steroids	Multiple sclerosis or hereditary and degenerative or cancer treatment
diseases of the Central Nervous System	Suffered a stroke
You are the main carer for and elderly or disabled person	

Can I have a private flu jab at the surgery?

Unfortunately we are unable to offer any private flu vaccinations again this year.

Anti-pneumonia Jab

In addition, if you are aged 65 or over or in one of the “at risk” groups outlined above you should have an anti-pneumonia jab. If you have not had an anti-pneumonia vaccination please ask the nurse about this.

Shingles vaccination

If you are aged either 70 or 79 at the time of the clinic, you will be offered an anti-shingles jab this year.

To ensure that all the vaccinations work well together, this cannot be given on the same day as the pneumonia jab.

If you need to have both vaccinations, we will book you an appointment for the second jab.

Will I be able to park?

Our car park becomes very busy on these mornings, as many people come through the practice. If you have friends or neighbours who will be attending, please share a car. Any help to minimise the traffic in our car park will help everybody.

STAFF NEWS

We are sorry to announce that Dr Toomey left the practice at the end of August 2014 to take up a position in North Norfolk.

We are currently advertising for a replacement General Practitioner to take over from him. Until a replacement is found Dr Toomey's patients will be cared for by the remaining GP Partners at the practice. To find out who you have been assigned to when you are next at the surgery please ask at reception. All those patients aged over 75 will be informed in writing.



TRAVEL CLINIC

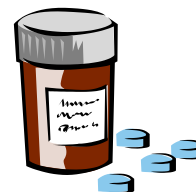
We are sorry to report that we are no longer able to offer a Travel Advice / Vaccination clinic at the surgery. There are several other local providers that can help:

Timber Hill Travel Clinic	Castle Mall, Norwich	01603 611786	www.timberhill-travelclinic.co.uk Download and complete travel assessment form (on Contact Us page of website). Nurse will contact you within 48 hours to book appointment. Have same clinical system as Bungay, so will be able to access your vaccination history with your consent.
Globe Clinic	26 Cattle Market Street, Norwich NR1 3DY	01603 667323	info@globetravelhealthcentre.com You will need to take your vaccination record – we can provide this
UEA Medical Centre	Earlham Rd, Norwich (off Bluebell Rd entrance to UEA)	01603 251600	www.umsuea.co.uk Enquiries to umsuea@nhs.net

We would recommend the Timber Hill Travel Clinic, as they have the same clinical computer system as the surgery. There are several vaccines that are available free of charge on the NHS. When visiting the Travel Clinic, the clinic can issue you a referral slip to have these NHS vaccines given at the surgery. Please contact the surgery when you have this referral slip, to arrange an appointment.



DISPENSARY NEWS



Turn Around Time For Prescriptions:

Due to the high volume of items the dispensary deals with on a daily basis the 2 working days from requesting to collection is no longer possible. We are now asking patients to leave 3 full working days (excluding Saturday, Sunday and bank holidays) as follows:

Prescription Request

Monday
Tuesday
Wednesday
Thursday
Friday

Ready For Collection

Thursday
Friday
Monday
Tuesday
Wednesday

Our dispensers must be able to concentrate on dispensing and checking medication accurately and efficiently. Please help this process by ordering your prescription in good time.

We also carry out dispensing reviews to ensure patients understand the purpose of the medication/over usage/wastage/herbal and over the counter medication. When collecting your medication you may be asked to answer a short questionnaire. This will take no longer than 10 minutes.

Thank you for your cooperation.

Systmonline:

Fed up with driving to the surgery to order your repeat medication? Sign up today to order your repeat medication on-line. All we ask for is photo ID and a recent utility bill. Call into reception today to get started.

Out-of-Hours Service:

If you require a doctor **URGENTLY** when the surgery is closed please telephone **111**

Out-of-hours medical care is provided by Integrated Care 24. Please do not telephone with routine enquiries as this may block the emergency lines—thank you

Other services available:

There is a Minor Injuries Unit in St Mary's Road, Beccles, which is open from 8am to 8pm every day—01502 719821

General ailments—Walk-in Centre, NHS Greyfriars, 5 Greyfriars Way, Gt Yarmouth
Open 8am to 8pm daily—01493 335340

Also, NHS Timber Hill, Castle Mall, Norwich, Open 7am to 9pm daily—0300 0300 333

Don't forget your Pharmacist who can help with many conditions

PATIENT NEWSLETTER

Issue 29

Winter
2014



28 St John's Road, Bungay NR35 1LP



PATIENT NEWSLETTER

Bungay Medical Practice

CHRISTMAS & NEW YEAR
OPENING TIMES

Wednesday 24th December (Christmas Eve)	Open normal hours
Thursday 25th December (Christmas Day)	Closed
Friday 26th December (Boxing Day)	Closed
Saturday 27th December	Closed
Sunday 28th December	Closed
Monday 29th December	Open normal hours
Tuesday 30st December	Open normal hours
Wednesday 31 December (New Year's Eve)	Open normal hours
Thursday 1st January (New Year's Day)	Closed
Friday 2nd January	Open normal hours



Normal opening hours are 8:00 am to 6:30 pm

Out-of-Hours Service:

If you require a doctor **URGENTLY** when the surgery is closed please telephone **111**

Out-of-hours medical care is provided by South East Health. Please do not telephone with routine enquiries as this may block the emergency lines—thank you

Other services available:

There is a Minor Injuries Unit in St Mary's Road, Beccles, which is open from 8am to 8pm every day—01502 719821

General ailments—Walk-in Centre, NHS Greyfriars, 5 Greyfriars Way, Gt Yarmouth
Open 8am to 8pm daily—01493 335340

Also, NHS Timber Hill, Castle Mall, Norwich, Open 7am to 9pm daily—0300 0300 333

Don't forget your Pharmacist who can help with many conditions

If you have a MINOR ailment or injury, please **DO NOT** attend the A&E Department

Surgery Contact Numbers

Appointment & Enquiries: Tel 01986 892055

Emergencies: Tel 01986 892713

Repeat Prescriptions Order Line: Tel 01986 891708

Dispensary & Prescription Queries: 01986 891707

Nurse Admin Office: 01986 891718

Fax Number: 01986 895519

Website: www.bungaymedical.co.uk

New Telephone System

The Practice have installed a new telephone system which has many modern features as well as more telephone lines making communication between patients and the practice more efficient. Another feature is calling recording. Please be aware that all phone calls will be recorded to aid staff training

Appointments

Due to sickness absence and maternity leave we are currently experiencing a severe shortage of GPs at the practice. The remaining GPs will endeavour to continue to provide a high standard of medical care to their patients. Your co-operation would be greatly appreciated over the next few months. To help us manage this difficult situation, we have put emergency measures in place. We are taking no forward bookings but will see anyone who needs to be seen **ON THE DAY**. If appointments are fully booked your name will be added to an "extras" surgery at 6pm that day but you may get a telephone call to come to the surgery earlier if a space arises.

If you have an illness that is self-limiting such as sore throat, cough or cold, etc please use home remedies and consult with our excellent local Pharmacists. Our team of Nurse Practitioners will continue to run the Same Day Clinic. Our Nurse Practitioners have access to a GP for any patient for whom they require further guidance. Our Long Term Condition Clinics and Practice Nurse appointments can be booked in advance as normal.

Please don't forget that we have a Health Visiting Team based at the practice who are happy to offer advice on the under 5's. Thank you for your co-operation and patience at this difficult time.

Contacting Dispensary

As part of the new telephone installation and to provide a smoother service for patients, from Thursday 13 November 2014 we have changed the way our Dispensary manages patient queries.

Please dial **01986 892055** and choose **Option 2**. The Dispensary team will be happy to help with your medication queries from **10am - 12 noon** and then again from **4pm - 6pm**.

Repeat medication - Please remember that we are only able to accept request for repeat medication by telephone for HOUSEBOUND patients. All other requests for repeat medication should be made in writing or in person, preferably using the repeat medication slip.

During The Month Of November 2014, The Following Appointments Were Wasted, Due To Patients Not Attending:-

Doctors - 48 appointments = 8 hours

Same Day Nurse - 21 appointments = 3 1/2 hours

Long Term Condition Nurse - 16 appointments = 4 hours

Practice Nurse - 12 appointments = 4 hours

Health Care Assistant - 30 appointments = 10 hours

Phlebotomy (Blood Nurse) - 42 appointments = 3 1/2 hours

Midwife - 3 appointments = 1 hour

Baby Immunisations - 4 appointments = 1 hour

Counsellors - 8 appointments = 8 hours

We send text reminders to patients who have a number registered with us - do we have an up to date number for you? Please let us know in good time if you are not able to make an appointment.

A Word from the PPG

I would like to introduce myself as Chair of the Bungay Medical Practice's Patient Participation Group (PPG). My name is David Robertson and I chair the Group which meets with the Practice to assist it in working towards patient expectations.

Chair	David A. Robertson
Vice-Chair	Jim Smyth
Secretary	Carol Weaver
Member	Paul Wray
Member	Peter Leggett
Member	Alex Shannon
Member	Dave O'Neill

The committee is fairly small (7 people) and we aim to represent the views of patients and to provide community support for the Practice. If there are any suggestions and / or questions please email me on david@hkdave95.co.uk and I shall provide answers and make sure your suggestions are heard. All suggestions and / or questions shall be treated as confidential and only shared with the committee and practice where appropriate.

The PPG has been asked to provide three measurable objectives which they can look at as regards the practice, they are:

- examine the current system of appointments
- identify the frequency of running out of commonly prescribed drugs
- Measure and work out ways to alleviate Do Not Attend figures

The results of these objectives may be witnessed in the PPG minutes.

That is all from the PPG for this newsletter, and I hope that all that are reading this enjoy their Christmas.

Staff News

The Practice are sad to announce that the departure of Dr Himan Amarawickrama who had worked at the Practice for approximately five years. We wish him well in his move to a Practice closer to home. Dr Amarawickrama's patients will be temporarily allocated to the remaining Doctors until his replacement commences at the Practice.

Our community matron Judy Miller has been given the prestigious title of Queen's Nurse (QN) by community nursing charity The Queen's Nursing Institute (QNI) pictured here attending an awards ceremony in London, on 10th November.

Judy has been working as the community matron for Bungay Medical Practice since 2010, but has previously worked as part of the practice nursing, health visiting and district nursing teams in this patch for nearly 20 years. In her current role, the main aim is supporting patients with complex long term conditions and their caregivers, to improve symptomatic management, thereby reducing unnecessary hospital admissions. Additionally, working within the GP team to develop and maintain working partnerships with the wider allied health professional teams and social care service colleagues is central to improving each patient's experience and improving interagency communication.

The QNI is a registered charity dedicated to improving the nursing care of people in their own homes and communities. The QN title means joining a national network of around 600 practitioners. It is not an award for past service, but indicates a commitment to high standards of patient care, learning and leadership. Nurses who hold the title benefit from developmental workshops, bursaries, networking opportunities, and a shared professional identity, currently about 600 practitioners hold the QN title.

In 2006, the QNI supported Judy in developing the 'Quality Zone'. This yoga-based exercise project was devised to encourage exercise for wellbeing in patients registered with Long Term Conditions such as diabetes. Working in partnership with Joan Nichols, an accredited yoga teacher, classes were initially delivered at Bungay Medical Practice. At the end of the project year, classes transferred back to the local gym and are still available under the 'Passport to Health' scheme. The 2008 Department of Health review of the Diabetes 5-year national service framework, included the 'Quality Zone' project as a local example of good practice.

Crystal Oldman, Chief Executive of the QNI said, 'Congratulations are due to Judy for her success. Community nurses operate in an ever more challenging world and our role is to support them as effectively as we can. The QN title is a key part of this and we would encourage other community nurses to apply.'

www.qni.org

We support excellent nursing care for everyone who needs it, through:
 Our national network of Queen's Nurses, who are committed to high standards of patient care
 Influencing healthcare policy in England, Wales and Northern Ireland
 Funding projects led by community nurses that improve care for their patients
 Giving educational grants and other financial assistance
 Specific programmes, including homeless health, and working with carers.



We pleased to announce that both Dr Claudia Walker and Lucy Webb have safely given birth to baby girls during November 2014. Both mothers and babies are doing well. Dr Walker will be back at the practice in April 2015.

BUNGAY MEDICAL PRACTICE **PATIENT PARTICIPATION GROUP**

If you have any comments or suggestions to make on the practice and its services the **Patient Participation Group** (PPG) would be delighted to hear from you. Simply post your comments to the PRG c/o the surgery or email the Chair of the group -
david@hkDave95.co.uk

Are you interested in becoming part of our Virtual PPG?

This is an extension to the actual PPG and gives a wider range of our patients an opportunity to comment on the services the practice provides and on new health care proposals.

Contact the PPG's email (as above) and you will be guaranteed a reply and more information.

PATIENT PARTICIPATION GROUP

If you have any comments or suggestions to make on the Practice and its services the Patient Participation Group (PPG) would be delighted to hear from you.

Simply post your comments to the PPG c/o the surgery or email the Chair of the group:

david@hkdave95.co.uk

BUNGAY MEDICAL PRACTICE PATIENT REFERENCE GROUP

Report of the PRG meeting held on Thursday 30th October 2014 at 7.00 pm in the Garden Room, Bungay Medical Practice.

Present.

David Robertson (Chair), James Servaes and carer, Alex Shannon, Jim Smyth (Vice Chair), Peter Leggett, Carol Weaver, Paul Wray, Sarah Harris
Dr A Emerson @7.30 pm

1. Apologies for absence: Lynette McCartney, Lisa Townsend-Kwan

2. Minutes of the previous meeting on the 4th September.

On the proposal of Jim Smyth, seconded by Paul Wray, these were confirmed as a true record.

3. Matters arising:
No matters arising.

6. NHS/GP contract Paul Wray
The PPG and the Medical Practice want to work together and have meaningful dialogue, the general consensus was that there is a need to have a set of strategic objectives and a constitution.
Action: PL to e mail the committee members examples of PPG constitutions
Action: CW to include PPG constitution as an agenda item for December meeting

7. FFT analysis introduced by Paul Wray.
On this occasion Paul analysed the 62 completed FFT forms submitted in the 5 week period after the previous PPG. Of the 62 FFT a pleasing 56 (90%) included comments. Although sample size small 60/62 (90%) were extremely likely or likely to recommend the Practice, see attachment.
From the NHS web site the Practice can choose the one question on the form this could be looked at in a future meeting.

The three short term measurable priorities for the Medical Practice were discussed and two were identified:

I) examine the current system of appointments

II) identify the frequency of running out of commonly prescribed drugs

Action: committee members to review FFT analysis and suggest a third priority for the next PPG meeting

BUNGAY MEDICAL PRACTICE PATIENT PARTICIPATION GROUP

Report of the PPG meeting held on Thursday 11th December 2014 at 6.30 pm in the Garden Room, Bungay Medical Practice.

Present

PPG -David Robertson (Chair), Peter Leggett, Alex Shannon, Jim Smyth (Vice Chair), Carol Weaver, Paul Wray, Dave O'Neill Practice -Dr A Emerson, Lynette McCartney, Suzanne Goldspink (present for point 6 only)

1. Apologies for absence -Sarah Harris, Lisa Townsend-Kwan

2. Minutes of the previous meeting on 30th October 2014 – agreed as a true record.

3. Matters arising – DR suggested that meeting 'actions' should be collated as an action list to be included in the meeting report.

ACTION -PW to suggest a format for an action list when submitting this draft record.

5. Revelation of the third measurable priority -the meeting discussed the content of a possible objective to be agreed with the practice. This would relate to the analysis of the 'did not attend (appointment)' problem. LTK had produced for this meeting a very helpful analysis of previous and present appointment systems and DNA figures. The meeting agreed the wording of a related objective.