Bradford City Clinical Commissioning Group
Bradford Districts Clinical Commissioning Group

General Practice Access Plan 2016/17

Name of Practice:	Low Moor Medical Practice
Practice ODS Code:	B83029
Name of lead person responsible for developing the access plan:	David Gibson

The practice will input the practice data as detailed on pages 2/3 *(NHS GP Survey and Friends and Family Test FFT)*. These key questions have been selected as being the most relevant to patient satisfaction in relation to GP access.

Please refer to page 5 for the CCG requirements in terms of timescales for submission and N.B. that it is acceptable that some of the actions contained within the plan may be longer term. As a result of this practices will be requested to send in an updated plan at the end of Q4 to highlight any in year achievements and then re-submit a refreshed plan during Q1 2017/18.

Anticipated Outcome Measures:

- Evidence of engagement and collaborative working with Patient Participation Groups (PPGs)
- Specific outcomes/outputs relevant to individual practice projects/initiatives
- Practice monitoring of national GP survey in key questions relevant to access striving to make improvement and/or maintenance within these areas of the national GP survey
- Encourage moving towards an increased response rates for FFT and increase in the % of people recommending the

Practice Executive Summary
(*The practice may wish to add an executive summary to identify any specific challenges/issues relating to access)* Over the past 2 years the practice list size has increased by 543 patients (+6%) and this has placed additional strain on resources. The balance of the GP workforce has become male orientated and has led to female patients experiencing delays in accessing a female GP. We will pursue initiatives to increase the availability of GP/ANP appointments and reduce the workload on clinicians. These will involve trialling other clinicians in undertaking work previously carried out by a GP. Within the practice, the increasing number of clinical sessions provided is now resulting in room capacity being a limiting factor in servicing patient needs. We are seeking to find ways of increasing the amount of clinical space available within the practice. The practice population has an age profile which is older than the norm and this has brought its challenges in dealing with the conditions associated with the elderly. The diabetic register continues to see a growth in the numbers of patients and now accounts for nearly 25% of nursing time. This has placed pressure on the nursing team and the practice is looking to support the nurses by utilising more HCA time in the diabetic clinics and removing tasks from the nurse workload which can be carried out by HCAs. The practice is committed to developing its staff and encouraging them to learn new skills. Steps have already been taken to develop receptionists in secretarial skills and we will seek to develop administration staff in clinical skills where appropriate to support the healthcare team. The practice enjoys the voluntary support of Practice Health Champions (PHCs) who are patients of the practice. The PHCs have assisted with self-care promotion within the practice, have supported the gathering of Friends and family data and have undertaken activities focussed on presenting a more child friendly atmosphere within the practice. Additional services have been attracted to the practice in its efforts to provide more services locally and over the past year an ultrasound provider has been in place at the practice on Wednesdays. This service provides shorter waiting times and greater convenience to patients than visiting hospital. The practice also provides a level 2 service for diabetic patients who require their diabetes to be controlled with insulin. This service is open to patients from nearby surgeries who are unable to provide this service. We are the only practice in Bradford to have a paediatric consultant visiting the practice and this service is also open to patients from the nearby Sunnybank medical practice. The practice has been proactive in the Bradford beating diabetes campaign and has been trying to host the intensive lifestyle support sessions that are targeted at preventing patients at high risk of diabetes from becoming diabetics. On a 3 monthly basis GPs from the practice meet up with colleagues from neighbouring practices, district nurses and the voluntary care sector (VCS) to discuss patients who present a significant risk of being admitted to hospital. At these multi-disciplinary meetings, GPs gain a better understanding of how the voluntary care sector can assist them. A collaborative bid for Community Chest funding has been made by the practice, 4 other practices and Age UK to provide a personalised support option for patients who are lonely or at risk of developing social isolation. We are awaiting feedback on this bid. The practice will continue to look for ways of productively engaging with the VCS.

Although the practice has scored well in the last 2 GP access surveys, the relatively low response rate to the survey means that the results can be significantly influenced up or down by the views of a small number of responding patients. Greater emphasis will be given to encouraging more feedback from the friends and family forms as greater numbers in this area will be more statistically robust.

NHS GP Survey				
Questions	**National Average (Jan 2016)**	**Practice Current score (Jan 2016)**	**Practice Score (Jul 2016)**	**Practice Score (Jan 2017)**
Survey response rate	36%	38%		
Overall experience of GP surgery	85%	89%		
Overall experience of making an appointment	73%	84%		
Ease of getting through to someone on the phone	70%	74%		
Able to get an appointment to speak to someone	85%	91%		
Convenience of appointment	92%	92%		
Satisfaction with opening hours	75%	81%		
Helpfulness of receptionist	87%	91%		
Recommended GP surgery to someone who has just	78%	85%		

moved to the local area				

FFT data will be populated on a monthly basis RR = Response Rate %R = % of patients stating that they would recommend the practice %NR = % of patients stating that they would not recommend the practice																										
Jun 2016 *Apr 2016 data*			**Jul 2016** *May 2016 data*			**Aug 2016** *Jun 2016 data*			**Sept 2016** *Jul 2016 data*			**Oct 2016** *Aug 2016 data*			**Nov 2016** *Sep 2016 data*			**Dec 2016** *Oct 2016 data*			**Jan 2017** *Nov 2016 data*			**Feb 2017** *Dec 2016 data*		
RR	% R	% NR	RR	% R	% NR	RR	% R	% NR	RR	% R	% NR	RR	% R	% NR	RR	% R	% NR	RR	% R	% NR	RR	% R	% NR	RR	% R	% NR
25	96	4	83	94	6	71	94	6	30	97	3	383	96	4	75	99	1	0	0	0	0	0	0			

Area/s of focus for change	**What needs to be done (key tasks/actions to be delivered)**	**Anticipated outcomes, outputs & benefits to patients**	**Timescales (date to be completed by)**	**Person responsible**	**Progress update/s other comments**
Phone system	Queuing card to be installed on phone system.	Provides indication to patient of how soon they will be able to speak to a receptionist.	Aug 2016	D. Gibson	After detailed consultation with the Telecomms provider, it appears that the queuing card will not provide the solution envisaged. At the PPG meeting on 6/10/16 it was decided not to progress with this.
Conversion of minor surgery room to consulting room.	On most days the practice consulting rooms are fully utilised and this is now impacting on capacity. We have a minor surgery room that requires privacy	Additional GP capacity not hindered by lack of space.	Aug 2016	D. Gibson	Work has now been completed and the room is available for use.

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	curtains to be installed in order to be used as a GP consulting room. Landlord to be approached for permission and quote.				
Additional GP appointments	Practice has experienced growth in list size and 2 nearby surgeries have closed lists. This has increased pressure on GP resources. Practice has a male dominated GP workforce and needs to increase the number of female clinicians to provide better access to its female population. The practice will aim to provide 4 additional sessions of female GP/ANP.	Maintain/improve existing standards of access to all Patients. Improve access to a female GP for female patients.	July 2016	D. Gibson	An additional female GP is in place working 4 sessions per week.
Provide local Physiotherapy service.	*Patients present with muscular skeletal problems to a GP which are difficult to deal with in a 10 minute appointment and frequently have to be referred to a*	*Patients will be able to access a Physiotherapist without going through a GP first.*	End Mar 2017	*D. Gibson*	*1 x 2 hr Physio session now in place. Some initial glitches but now patients are regularly booking*

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	physiotherapist. Practice to provide 1x 2hr session of physiotherapy per week with provision for patients to book for an initial assessment without first seeing a GP.	*GP appointments will be preserved for other patient needs.*			*themselves in with the physio without utilising a GP appointment first.*
Prescribing support	*The GP on call list is always populated with a number of prescribing queries where a medication review is required. Practice to provide an additional Pharmacist session per week to provide support in this area.*	*Faster response to prescribing queries from the practice. Improving capacity from on call GP to deal with acute queries.*	End Mar 2017	*D. Gibson*	*Additional pharmacist session now in place on Mondays. We now have 3 pharmacist sessions p.w. where medication queries/reviews have been taken away from GPs.*
Provision of additional receptionist	*Additional receptionist to be recruited to provide higher levels of reception cover.*	*Easier for patients to book appointments and have queries dealt with.*	Sept 2016	*M. Rowland*	*The practice has recruited an additional receptionist, however one of the existing team has now left so the exercise will be repeated in October.*
Increase number of HCA sessions	*Pressure on Nursing/HCA sessions has led to increased waiting times for patients. An additional HCA session provided from our existing staff will reduce these waiting times.*	*Increased capacity. Reduced waiting times for Nurse/HCA appointments.*	Sept 2016	*D. Gibson*	*An additional HCA session is now in place on Thursdays which has meant that routine work has been taken away from nurses and additional LTC appts created.*

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Training up of Admin member of staff in performing 24 hr BP measurement.	*Waiting times for 24 hr BP measurement have exceeded 4 weeks. The additional provision should reduce waiting times to less than 2 weeks.*	*Increased clinical capacity. Reduced waiting times.*	Sept 2016	*P. Barraclough/ N. Morton*	*A member of the admin team is now trained up in operating the 24hr bp machine. Waiting times have been reduced to less than 2 weeks.*
Involvement of younger patients in the workings of the practice	*PPG is mainly composed of older patients and we all would like to see the involvement of younger people. PPG and practice to engage with local 6th form college to seek input into practice from students. Practice manager/PPG to meet up with teachers/students at local college and seek their views as to what services they require from our practice. PPG to ascertain whether pupils could be encouraged to join PPG. B. White to discuss with the secretary of the headmistress to decide the best way forward.*	*Wider diversity of views influencing practice provision of healthcare. Providing a voice to younger patients.*	July 2016	*B. White*	*D.Gibson & B. White attended the local academy in June. Breakdown in communication at the school meant that the staff were unaware of the visit's purpose. B. White attempted to arrange further meetings but there seemed to be little interest from the academics. We will revisit next year.*
Intensive Lifestyle Change programme BBD initiative	*Practice to provide facilities for 9 sessions of lifestyle coaching for patients at high risk of developing diabetes.*	*Local provision of coaching sessions to provide support for patients at risk of developing diabetes.*	May 2016	*M. Rowland*	*Lifestyle coaching for patients at risk of developing diabetes is now in place on Monday evenings and will run*

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					throughout the year.
Patient feedback to practice	*The practice will seek to encourage more patients to provide feedback utilising the friends and family form. This to be achieved by active participation of the Practice Health Champions. Target is to average 50 forms per month. Results can be reviewed at the monthly meetings with Practice Health champions.*	*A larger sample size of feedback will be more representative of patient views. The forms also give patients the opportunity to add comments which is useful.*	End Mar 2017	*Practice Health Champions*	*As at end of December, 667 friends and family forms had been returned which is in excess of the target of 600 for the year.*

Signature of lead person completing the access plan:	
Signature of Patient Participation Group (PPG) *Chair/Representative: (please delete as appropriate)*	

Timescales for submission and implementation of access plans

Quarter 1 (April to June 2016)

- Review of NHS GP survey (published January 2016) and FFT data (published monthly)
- Development of action plan in partnership with PPG members
- Sign off by PPG chair or representatives (must be a patient representative not practice staff member)
- Submit completed action plans to CCG Primary Care Team by the 24th of June 2016

Quarter 2 (July to September 2016)

- CCG panel meetings to review action plans during July 2016
- Feedback to practices before the end of August 2016
- Review of NHS GP survey (published July 2016) and FFT data (published monthly)
- Delivery of actions and review of action plan progress/achievements/challenges with PPG

Quarter 3 (October to December 2016)

- Review FFT data (published monthly)
- Delivery of actions and review of access plan to identify progress/achievements/challenges and update this in collaboration with your PPG

Quarter 4 (January to March 2017)

- Review of NHS GP survey (published January 2017) and FFT data (published monthly)
- Final review of access plans and progress to date with PPG
- Submit an updated version of action plan with evidence of completed actions and any supporting information to the CCG Primary Care Team by the 31st March 2017.

Next Year – recruit clinician with focus on elderly/home visits.