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## We need YOU!

The PRG needs members to represent the following groups:

- carers
- under 24's
- young parents
- single parents
- patients with English as a second language
- patients with a long-term health condition or disability
- patients with someone in the family who has a mental or physical disability

If you can join and attend meetings or be part of the wider virtual email group, please complete an application form at Reception or from the Practice website. Even if you cannot join the PRG, please still tell us your views about the Practice by putting a note into the surgery Suggestion Box or using the feedback form on the website.

**Come and join us at the AGM - 6pm on 23/09/14**

### HAVE YOU GOT A REPEAT PRESCRIPTION YOU NO LONGER NEED?

Please ask the surgery to stop it as it has a cost for the Practice.



Available 24 hours a day, 365 days a year. Calls are free from a landline or a mobile phone.



# PRG Newsletter



Issue 4: July 2014

## The Patient Reference Group (PRG)

The Patient Reference Group (PRG) is a forum of volunteer patients from the practice who give their time to improve the services offered. The PRG is representative of the Practice population and comprises 50 people of all ages, male and female, from different ethnic and social backgrounds and with different medical conditions - so that all points of view influence Practice decisions. Since the inaugural meeting in 2011 it has conducted surveys (results posted on noticeboards and the website) and produced these newsletters (available in the surgery and on the website).

## HomeFirst

HomeFirst is a new health and social care project going live in July 2014. It was trialled last year in the Lower Lea Valley. The East and North Herts Clinical Commissioning Group website describes it as follows:

*"Patients are cared for as if they were in hospital, with health and social care professionals visiting them at home. The service brings together expertise from community health services and social care to ensure patients get the right care and support to stay at home where possible. Patients are referred to the service by their GP or other health and social care professional. Home First's highly experienced team includes nurses, social workers, matrons, therapists and home care staff who have years of experience of caring for patients with long term health problems."*

## Care Quality Commission:

### Inspecting and Rating GP Practices to be Completed by March 2016

*"By January 2016, we will have rated every NHS trust. We will begin to rate adult care social services and GP practices from October 2014 and will have completed this by March 2016. Services will be rated as Outstanding, Good, Requires Improvement or Inadequate, making our judgments clearer than ever before. This will encourage services to improve and help people to choose care for themselves and their loved ones."*

Search for the **SystemOnline** app by TPP on the iTunes Store.

Update your contact details, book appointments, request repeat prescriptions and more.

The app is **free**, requires iOS 6.1 or later and is compatible with iPhone, iPad and iPod Touch.

Feedback helps to improve the NHS



and can help new patients choose where to register for their GP services when they move into an area.

If you would like to comment about this Practice to new patients, leave your feedback at:

[www.nhs.uk](http://www.nhs.uk)

## Practice Statistics For June 2014

New Patients Registered	105
Acute Prescriptions Written	2,287
Repeat Prescriptions Written	2,414
Hits on the Practice Website	5,948
Patients Seen, Phoned or Visited	6,626
Home Visits	166
Telephone Consultations (including the triage system)	745
Average response time on telephone system	2 minutes 52 seconds
Face to Face Consultations	5,715
Referrals Done	399
Average Waiting Time for Appointments	7.6 minutes

**Patients who failed to attend or cancel a booked appointment: 182  
that's equivalent to OVER 53 HOURS of clinician time or 18 WHOLE SURGERIES wasted.**

### A Day in the Life of... PART 2

In Part 1 of my experiences, shadowing one of the practice's doctors, I talked about the morning, ending as the doctor left for their allocated home visits. As they left I asked them about lunch and the reply was: "I will buy a sandwich". ...

- 14.00 I arrive, ready for the afternoon.
- 14.15 The doctor arrives back from the round of home visits. Straight into the surgery, they open the sandwiches they have not yet found time to eat, take a bite and pick up the phone to follow up on one of the visits. As well as sorting out the needs of the patient, the doctor deals with the needs of their dependent partner. Several phone calls to various agencies later, and awaiting return calls, the doctor writes a letter to fax. At this point a community matron pops in to discuss a patient.
- 14.40 A phone call to another patient (squeezing in another bite of the sandwich as the phone rings). This patient has tried a number of drugs to help with a secondary condition and none of the medicines have worked. The Quality Outcomes Framework requires the doctor to make all efforts to address the problem and, as this has not been possible, they add an exception to the patient's record explaining that all possible approaches have been tried and now abandoned, as they have caused the patient more problems than the condition itself.
- 15.00 The doctor prepares to visit a local care home to see six patients. Just as the doctor is about to leave an awaited phone call is returned. A discussion and a follow-up call is planned for later. The doctor leaves for an estimated hour of visits. The surgery makes regular visits to care homes in the area and is working with other local surgeries to rationalise these and reduce duplication of effort, but taking into account the need to maintain levels of patient choice. Whilst the doctor is out, I spend half an hour looking at the queuing at Reception (as this is something that has been mentioned several times at PRG meetings), see below. During the observation an emergency occurs. Someone comes into the surgery accompanied by two members of their family and Reception immediately calls for one of the Duty Doctors, who is with the patient in two minutes. The patient is taken to a room for examination and some primary care. The Receptionist phones for a "blue light" ambulance, which takes twenty minutes to arrive.
- 16.20 The doctor arrives back (a little late for their first booked appointment) and within 2 minutes the patient is in the surgery.
- 18.40 The last patient of the day leaves.
- 19.00 I prepare to go home as surgery staff lock up. The doctor still has things to do, including a further home visit and more outstanding administrative duties. They later told me they finished work at about 10pm, by which time I was safely tucked up in bed, exhausted.

#### Watching the work of Reception staff - a snapshot

- 15.39 person being seen (no one waiting).
- 15.51 three people arrive (one goes straight to Reception, two queue).
- 15.52 two people arrive with emergency. Receptionist just finishing with person at window then goes into emergency mode and calls doctor. Another person arrives (three waiting).
- 15.53 second Reception window opens and deals with queue.
- 16.00 no one at Reception.
- 16.06 person at Reception no one waiting.
- 16.08 no one at Reception.

If no one is waiting to be seen at Reception, the staff work on administrative tasks. It is impossible to avoid queues when people arrive randomly. However, even with a major incident, the staff worked cooperatively and efficiently to deal with waiting patients as well. There was no evidence of long waits, the longest was approximately four minutes.

Jennifer Piggott  
Patient and member of the PRG

*NB During my visits, I did not have access to patient records or personal information. I was not in the Surgery with patients, only when Dr Sinclair was undertaking administrative and non face-to-face activities. I signed a confidentiality agreement.*