

**EAST FINCHLEY MEDICAL PRACTICE
PATIENT PARTICIPATION GROUP ACTION PLAN 2011/12**

STRATEGY	OBJECTIVE	RESPONSIBILITY	TIME-SCALE	PROGRESS
1. Improve on waiting time for GPs to call back patients	Improve on call management techniques to reduce call back waiting time	GPs	From 12MAR12	In progress
2. Improve privacy by preventing patients in the waiting areas from overhearing patients in consultation rooms	Install a music system for background music in waiting areas to prevent patients from overhearing conversations in consulting rooms (upstairs and downstairs)	Practice Manager	From 02APR12	Not yet started
3. Make arrangements for flexible phone back times for patients who are at work and cannot sit an wait for GP to call back	Receptionists to enquire a convenient time for GP to call back if they cannot sit and wait by the phone (within consulting hours)	Practice Manager	From 02APR12	Not yet started
4. Increase the number of routine appointments currently on offer	We will increase our routine appointments by employing 2 maternity locum GPs from March to November 2012; this will mean 2 hours of extra routine appointments on Mondays (am & pm); 1 hour on Wednesdays (am); 1 hour on Thursdays (am); 2 hours on Fridays (am & pm)	GPs	From 12MAR12	In progress
5. Increase telephone manning during busy periods	As of 2 nd April 2012, we will have one more receptionist to answer the telephone on Tuesday pm and Thursdays am; We are unable to employ more staff during other days because of surgery receptionist space and budget.	Practice Manager	From 02APR2012	In progress
6. Increase in Telephone Consultations & face to face appointments Trial	The practice is currently participating in the Doctor First Pilot and will offer 3 additional hours per day of telephone/face to	Practice Manager/GPs	From 05MAR2012	In progress

	<p>face appointments during the month of March 2012 (on Mondays, Tuesdays, Wednesdays and Fridays). This will be a way to not only to see if this has an impact on reducing the amount of A&E attendances but also improve patient access. If the scheme is successful, Barnet commissioners will have a case for funding the Doctor First service from 2013.</p>			
<p>7. Increase Nursing Access</p>	<p>The practice is currently recruiting a new practice nurse (our current nurse Kate is leaving at the end of March – early retirement). We will increase the current nursing hours by an average of 20%. Subject to clinical room access, we are also considering employing a phlebotomist/Healthcare assistant.</p>	<p>Practice Manager</p>	<p>From 30th April 2012</p>	<p>In progress</p>
<p>8. Improve Access by reducing the number of Patient DNAs (Did not attend)</p>	<p>The practice will try to reduce patient DNAs by 30% (patients who fail to cancel appointments that they cannot make). Patients to be made aware of how many appointments are missed each month to raise awareness. Practice to introduce behaviour change techniques to reduce DNAs. For example by placing positive messages around the practice that attending appointments is the 'social norm'; getting patients to write their appointment down. Patients who DNA will receive a letter to remind them how important it is to cancel the appointment they cannot not make, as it could be offered to</p>	<p>Practice Manager</p>	<p>From 2nd April 2012</p>	<p>Not yet started</p>

	someone else who needs it. Consideration of the option of using text messages to remind patients of their appointments.			
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