

The Gill Medical Centre

Action Plan 2023/24

Key areas identified	Actions	Timeline (by when? Day/month)	Lead (who is responsible?)	Metrics (how will the improvement be measured? E.g. reduction in wait times)	Update to Action Plan December 2022	Progress made/lessons learned
<p>Action 1</p> <p>Complete a consultation process with clinicians to develop a revised appointment system</p>	<p>Request was made to clinicians to have a think about how they would like to see the appointment system revised, with particular emphasis on increasing routine appointment availability. Meeting to be arranged</p>	<p>1 month to gather suggestions</p>	<p>Debbie Johnson</p>	<p>An increase in routine appointments will reduce demand for on the day appointments</p>	<p>We have changed the sessions so that we do not have just 1 doctor on duty to see all the on the day patients. The on the day appointments are spread out across all the GP's who are in each day.</p> <p>We have not seen a reduction in on the day demand, in fact we have seen quite the opposite as patient demand soars</p>	<p>Patient demand for same day appointments has not abated. We have found that the more lanes we build, the more traffic comes</p>

<p>Next steps 23/24</p>	<p>The new appointment format affords 15-minute appointments and allows the GP's, nurses and pharmacist to meet every day (not Monday) at 1.30 for 30 minutes to discuss any clinical issues of the day. The new GP's are finding this really helpful and we have a Gill WhatsApp group for all the clinicians who share top tips and links to useful information. We intend to build on the relationships already underway</p>					
<p>Action 2 Recruitment of 2 further FTE GP's</p>	<p>Advertisement created and costs obtained from BMJ. We have had a number of applications from GP's needing sponsorship</p>	<p>Advert to be placed by end of June We are under no illusions that the recruitment process will be a quick fix</p>	<p>Debbie Johnson</p>	<p>Reduction in waiting times and increased accessibility to regular GP for follow up.</p>	<p>In 2022 we have recruited 5 additional GP's with a further GP due to commence work in February 2023</p>	<p>We now have 7 salaried GP's and 3 partners. The newer staff have all settled in.</p>
<p>Next steps 23/24</p>	<p>We have identified those GP's who will be Oakbank doctors and those who will be Gill doctors. We can distinguish the patients by the name of the usual GP and are now in a place to make the distinction between Gill and Oakbank patients. This is essential so that patients can enjoy continuity of care. Our new GP's also prefer getting to know their patients and having accessibility for follow up appointments.</p>					
<p>Action 3 Reduce waiting times for the telephone to be answered</p>	<p>We are now advising patients that we cannot do their prescriptions over the phone anymore.</p>	<p>This has now started to be fed to patients and we have changed our telephone message to reflect this as well</p>	<p>Kathryn Thomas</p>	<p>Monitoring of telephone call logs to determine whether this results in a reduction in waiting time</p>	<p>It has been difficult to gauge this for the end of quarter 3 as the system was down in the last quarter</p>	

	<p>We did do them during lockdown but have made the decision to go back to our usual protocol of ordering prescriptions to avoid errors</p> <p>The reception lead has been tasked to monitor wait times and we now have a process where patients should not be waiting more than 10 minutes. Average to date is 5 minutes</p>	<p>Ongoing review of results</p>	<p>Kathryn Thomas</p>		<p>We had continuous telephony issues through November. The data in the reports therefore are somewhat skewed</p> <p>We continue to monitor wait times and ensure that the staff rota has scope for at least 2 members of staff on telephone duty throughout the day.</p>	<p>We are still monitoring the numbers of calls received on a month-by-month basis.</p> <p>This is on average between 5.5 thousand and 6.5 thousand. Peak times are during flu season and Christmas and then reduces somewhat into the New Year.</p>
<p>Next steps 23/24</p>	<p>We recognised that the telephone system was not giving patients the choice to have a call back early enough in their wait time. We asked for this to be re-programmed and now patients are offered call back almost straight away. Once the patient reaches number 1 in the queue the system calls them back. Most of the calls we have first thing in the morning are call backs and patients seem to be very appreciative of this, often saying “thanks for calling me back”</p>					

<p>Action 4</p> <p>Recruit 2 x further reception staff</p>	<p>Interviews have been carried out and appointments made. We are waiting for candidates to work their notice periods</p>	<p>Mid July</p>	<p>Kathryn Thomas</p>	<p>Monitoring of telephone call logs to determine whether this results in a reduction in waiting time</p>	<p>2 new members of staff joined us in October who are undergoing telephone training at the moment.</p> <p>We have an additional member of staff joining the reception team in January and interviews are being held to recruit for the secretarial team</p>	<p>We are still recruiting admin and secretarial staff. 2 new staff have left. We have vacancies advertised and are currently working through a selection process.</p>
<p>Next steps 23/24</p>	<p>We are in desperate need of good administration staff. We seem to have been recruiting now for 2 years and sadly, new staff are unable to deal with how busy the practice is. One of our long-term staff is also leaving to follow a self-employed path. We are actively advertising and hopeful that we can stabilise the team this year.</p>					
<p>Action 5</p> <p>Investigate where we can access BSL courses for staff</p>	<p>Practice manager will make enquiries with contacts from the deaf community</p>	<p>Unknown</p>	<p>Debbie Johnson/Joanne Brown</p>	<p>Assist our patients who might otherwise have difficulty in communicating with the practice about their appointments</p>	<p>We have still been unable to find a suitable BSL course despite approaching the ICB as well for any help.</p>	<p>This has been put on the back burner for a little while during our caretaking of WGMP.</p>

					<p>We have not given up however and will continue to try and find the resource needed</p>	<p>It is extremely busy in the practice but I aim to pick it up after July</p> <p>It is a shame that these courses are not more readily available</p>
<p>Next steps 23/24</p>	<p>I am going to approach HEE once our caretaking duties are over. There may be something they have access to or even to get something organised for the wider team throughout Salford. We won't be the only practice who would benefit from this</p>					