

## FINAL Action Plan

### Part 1 – Use of Accident and Emergency services

**Action:** - report on progress at summer PPG meeting

- Potential for more education to increase the number of people seeking advice before attending A&E e.g. Choose Well campaign, use of 111 etc.
- Encourage the CCG/St Oswalds to increase XRay provision in Ashbourne to avoid having no option but to send patients to Derby (and therefore A&E). This may help prevent patients being treated in A&E by identifying no fractures in St Oswalds and potentially patients can be treated there or referred back to us to treat if presenting during surgery hours
- Continue/increase internal training – *by end of June 2014*
  - Refresh training on fracture identification for clinical staff

### Part 2 - The 111 telephone service

**Action:** - report on progress at summer PPG meeting

- Encourage more use of 111 - the more that 111 is used, the better it should become.
  - Advertise more heavily in practice (dedicated display on all the things it can be used for?)
  - Highlight the % of calls that resulted in a referral to walk-in/A&E. This would hopefully increase the number of patients who felt it was a useful service and encourage use of it (60% are told that they do need to seek medical help).
  - Highlight to patients that 111 can be a 'one-stop shop' - if patients are in any doubt about whether it is an emergency or not and they do not want to 'trouble' 999, they should call 111 rather than the alternative of not seeking any advice at all (the result of most calls is that patients were deemed to require some form of medical attention)
  - Highlight message that 111 can divert calls to 999 if appropriate. Patients often call the surgery with chest pain etc and our receptionists will advise they call 999 or will call 999 for them. However, 111 operators are more suited to triage and so patients might be better calling 111 in such cases as they can put them directly through (unlike how we do it, which inevitably takes longer)
- Consider hosting/organising a town-wide meeting with a speaker from 111 to promote/highlight etc
- Do what we can to facilitate improvement in 111 service. Enable effective feedback where it has been found not to be useful and the reasons for this should help improve the service.
  - Speak to 111 to agree facility for the practice to feedback issues (perhaps they already have a feedback form we could make available to patients?).
  - Link on website, comments form on reception etc?

### Part 3 - St Oswald's Hospital

**Action** - report on progress at summer PPG meeting

- More information at the point of referral with the GP/nurse – *by end of May 2014 then ongoing*
  - whether there is a clinic run for the speciality required
  - the waiting time if known

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- Promoting in practice via leaflets/website/posters to ask about referral options so that patients are actively encouraged/given 'permission' to remind their GP/nurse if it does not come up
- More general information on usage of St Oswalds for all interested patients - I believe statistics are being gathered now, and if I am allowed to share I could publicise these/updates when received and promote generally in the surgery/newsletter
- Encourage and arrange for easy feedback for patients to say 'we want this speciality to be available at St Oswalds' via the practice (e.g. when told it is not available)

#### **Part 4 - Missed appointments**

##### ***Action - report on progress at summer PPG meeting***

- Encourage patients to cancel appointments – *by end of April 2014 then ongoing*
  - Make sure it is mentioned on appointment reminder slip given to patients upon booking
  - Highlight the impact it has – continue to show the level of DNAs and impact on other patients in terms of appointment hours lost
- Promote the need to cancel appointments – show the benefits – *by end of April 2014 then ongoing*
  - Investigate whether it is possible to keep count and highlight how many thoughtful patients freed up an appointment for their fellow patients to use, instead of letting it be wasted
- Highlight the website cancellation facility – *by end of April 2014 then ongoing*
- Investigate the costs of an automated message reminder system – *by end of August 2014*
  - Discuss with the partners whether costs allow it
  - If so, promote/advertise our intention of its introduction giving chance to opt out before going live
  - Ensure that patients can always opt out at any point thereafter
- Investigate whether it is possible to have option to cancel on phone system (speed up time it takes to get through on the phone to cancel) – *by end of May 2014 then ongoing*
- Monitor DNAs to see if they reduce - *ongoing*