

<i>Practice Code</i>	<i>Practice Name</i>
C87002	Dinnington
C87003	Woodstock Bower
C87004	Kiveton Park
C87005	St Ann's
C87006	Magna Group
C87007	Stag
C87008	Swallownest
C87009	Brinsworth
C87010	York Road
C87012	Broom Lane
C87013	Parkgate
C87014	Treeton
C87015	Wickersley
C87016	Morthen Road
C87017	Clifton
C87018	High Street
C87020	Greenside
C87022	Village
C87023	Brookfield
C87024	Rawmarsh
C87029	Market
C87030	Crown Street
C87031	Shrivastava
C87603	Greasbrough
C87604	Thorpe Hesley
C87606	Queen's
C87608	Shakespeare Road
C87616	Blyth Road
C87620	Manor Field
C87621	Broom Valley Road
C87622	Gateway Primary Care
<b>TOTALS</b>	

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<b><i>What do you consider is the best strategy for managing demand? Please list in priority order e.g. 1 least effective and 10 most effective (aggregated sum and mean across all practice responses from most effective to least effective):</i></b>	<b><i>Sum of response score</i></b>
Patient education	185
Telephone systems to direct to appropriate service	166
Telephone triage	157
Telephone consultation	157
Patient Online	143
Navigating to appropriate clinician	141
Electronic Prescribing Service	128
Walk-in service	126
Websites	117
Telehealth	110

***Other strategies for managing demand:***

The structure around other health providers/ social services appears to be collapsing therefore Well organised skill mix

Main cause of problems at our surgery relates to insufficient staff

A&E waiting times increased or patients simply turned away if after suitable triage it has been

MASS MEDIA EDUCATION - TELEPHONE SYSTEMS TO DIRECT PATIENT TO APPROPRIATE SERVICE

	<i>Please identify ALL your available appointments by year: (please include HCA, phlebotomy, but direct employees of the practice not other organisations staff)</i>	
<b>Practice List Size (October 2016 - Actual)</b>	<b>1st January - 31st December 2015</b>	<b>1st January - 31st December 2016</b>
20,883	No response submitted	
11,296	54064	58749
11,340	70910	70495
17,838	179360	196110
10,892	No response submitted	
11,527	54355	62202
16,582	98550	97912
9,819	No response submitted	
4,618	17630	18688
13,046	62048	64502
6,163	No response submitted	
6,473	31030	38695
7,042	34,963	36,964
11,409	61130	64880
13,364	52213	60808
7,929	5987	6353
5,865	33165	36696
7,250	51,806	53,979
2,079	9435	10779
3,997	14443	16590
11,264	45393	47574
9,142	62,970	63,908
3,230	23869	24034
3,374	14548	15503
5,717	28,936	28,275
1,533	15571	15498
5,382	26176	27169
6,013	33427	38951
6,440	33,901	34,167
1,831	No response submitted	
7,173	11,300	30,071
	<b>1,127,180</b>	<b>1,219,552</b>

<i>Please identify any changes you have made to improve access in your practice e.g. telephone triage/consultation, navigation, utilising new roles e.g. pharmacists, walk-in:</i>	<i>Any other suggestions in relation to managing demand?</i>
No response submitted	

<p>Employed another ANP , Practice Pharmacist started in October . 8.66 % more appointments</p>	<p>less administration - too many chiefs all sending work .</p>
<p>the EMIS searches are very difficult to pull off. We have emergency clinics every day of the week and never turn patients away whilst we are open.</p>	
<p>We have recruited a salaried GP, a partner and an ANP. We have started offering ring back slots by GPs</p>	
<p><a href="#">No response submitted</a></p>	
<p>In April 2016 we made significant changes to our appointment system. We adjusted GP rotas to provide one GP on call all day who would tackle urgent appointments for that day. They would triage requests for urgent appointments and book any appointments that need to be seen. We also advised reception staff to offer patients the furthest available appointment to allow for sooner requests for appointments to be adhered to. We also employed a new half time GP partner in October 2016.</p>	



<p>During 2016 Dr Scolah retired and he has been replaced by 2 Advanced Nurse Practitioners. As these are new roles it did adversely affect the number of appointments we could offer during the summer months (although we did employ some locum time to help with the shortfall). As the ANPs' settle in to their roles the number of appointments we offer will increase.</p>	
<p>Telephone consultations - Advanced Nurse Practitioner sessions</p>	
<p>Some telephone consultations - Phlebotomist</p>	<p>Flexibility on session times. - longer opening hours. -</p>
<p>No response submitted</p>	
<p>Telephone consultations &amp; triage appointment, extended clinics, extra practice nurse.</p>	-
<p>Telephone consultations</p>	<p>The only way to improve is employ more staff</p>
<p>Have increased proportion of on the day appointments held back for urgent access requests with the GP's. Increased provision of telephone consultation slots, reception keeps a cancellation list of any patients unable to provide and immediate appointment to and also promote the use if WIC and pharmacy</p>	<p>Expand provision of in house urgent access in primary care either by commissioning additional hours with existing practices or expanding capacity within the WIC/Urgent care centre when completed in 2017</p>

recruited pharmacists, apprentice GCAs etc. - PS thought I'd already submitted this	
Telephone Triage. - Practice Nurses completing case management	
Recently increased nursing hours	
The GP's have added extra appointment to their daily sessions. Also an increase in Nursing and HCA appointments.	Patient education is vital to managing demand, patients need to be educated to access the most appropriate service for their complaint.
Employment of new HCA and New Practice Nurse 2016	
Employed a long term condition nurse on a p/t basis - Having become a training practice in August 2016 we now have extra appointments due to having a ST3 Registrar - We have 16 on the day appointments for emergencies -	
We have employed ANPs - We have redesigned our on call system - We offer a significant amount of telephone consultations.	We have employed ANPs - We have redesigned our on call system - We offer a significant amount of telephone consultations.
Since November 2016 we have reverted back to an Appointment System instead of all telephone triage to improve our access.	

<p>full yr. effect of phleb hours - minor illness/nurse triage introduced - nb I t sickness (from Feb 16) of 1 of partners</p>	<p>key has to be address patients' expectations - -also fall out from pressures on social care - - unintended consequence of open registration (for protection of homeless) is that a person can step off a plane and ask to register with a practice/be seen by a clinician all of which puts pressure on primary care</p>
<p>Walk in, Telephone Triage</p>	
<p>we have droop-in appointments every morning for both the doctor and nurse practitioner at both sites as well as pre-bookable appointments for the HCA and practice nurse we also have bookable appointments every afternoon for all clinical staff.</p>	<p>Our drop-in surgeries are hard to manage sometimes and it is difficult to get locums to cover</p>
<p>Nurse triage every morning 09.00 -11.00 - Telephone consultations after GP's morning surgery, elderly patients like this service, some have mobility problems and struggle getting to the surgery for appts so a telephone consultation works well - New HCA who will focus on Health checks, ECG's and bloods freeing up the nurses time for long term conditions /case management work - Locum who works three sessions a week</p>	<p>n/a</p>
<p>SURGERY EXTENDED OUR GP APPOINTMENT, DO MORE TRIAGE.</p>	<p>CAMPAIGNS TO EDUCATE DIFFERENT ETHNIC GROUPS - CCG/ NHS ENGLAND FUNDING TO BE PROVIDED EXTRA TO SUCH GP PRACTICE; AS ABOVE</p>

Added GP Telephone Slots	
Trialled Sit and Wait Clinic system + Telephone Triage but has not improved access.	
<i>No response submitted</i>	
Nurse triage system implemented. - GP clinical query list added to SystemOne. - Extended clinic times to accommodate more patients. - Employed Nurse Prescriber - increased Health Care assistant hours - Increased GP sessions - Employed own Phlebotomist	

<b><i>Mean response</i></b>
7
6
6
6
6
5
5
5
5
4

ore placing more demand on the GP Practice .

en decided their present problem would be better managed outside A&E  
VICES IN DIFFERENT LANGUAGES.

<i>Variance between 2015 and 2016</i>	<i>Average number of available appointments per patient per year</i>
4685	5.20
-415	6.22
16750	10.99
7847	5.40
-638	5.90
1058	4.05
2454	4.94
7665	5.98
2001	5.25
3750	5.69
8595	#REF!
366	0.80
3531	6.26
2173	7.45
1344	5.18
2147	4.15
2181	4.22
938	6.99
165	7.44
955	4.59
-661	4.95
-73	10.11
993	5.05
5524	6.48
266	5.31
18771	4.19
<b>92372</b>	