

Tier 2 Services (supported by a specialist GP)

Musculo Skeletal Service – Chase Hospital
Microsuction clinic – Liphook and Liss
The Grange Cardiology Centre – Petersfield



Any Qualified Provider (AQP) services

Back2Health – Liphook, Petersfield, Bordon
Hampshire Assura Musculo Skeletal Service

JM 12.03.13 Rev A

Patient Newsletter - March 2013

Care Quality Commission

We have successfully registered with the Care Quality Commission (CQC) to provide a number of registered services:

As part of the work for the CQC we shall be reviewing our policies and procedures and putting these onto our Docman Library for ease of reference. These policies will be broken down into 5 different categories:

- Involvement and information
- Personalised care, treatment and support
- Safeguarding and safety
- Suitability of staffing
- Quality management

Please can you familiarise yourself with how to access our Docman library so, over the months ahead as our library gathers documents, you are able to access our policies for reference.

We will have an inspection by a CQC Inspector at some point but I do not anticipate this will be for many months yet. The inspection may be at short notice and should someone present themselves saying they are an inspector from CQC, please remember to ask them for identification.

Patient Participation Group

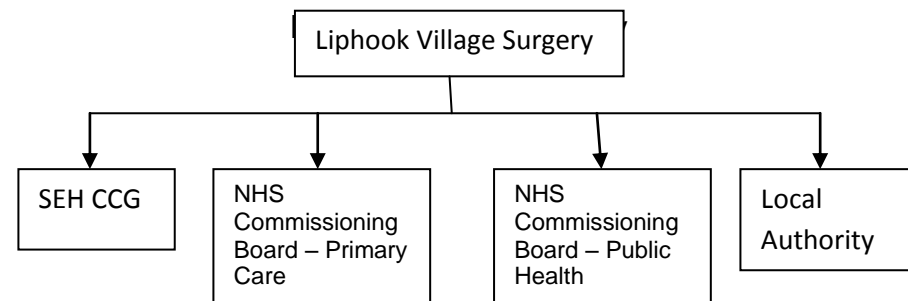
The PPG met in March and approved its 2013 Annual Report. This Report summarised the findings of the last PPG Survey,

We are pleased that the survey showed we are very accessible to our patients and that they are pleased with the services we offer to them. The PPG also were able to highlight in more detail topics to work on in the months ahead and building on projects highlighted in our last survey. The PPG have therefore prepared an action plan with timescales as follows:

Project identified from surveying patients	Comment
Supporting easy patient transport to Royal Surrey County Hospital, Haslemere Hospital and other local hospitals	Advertise for additional voluntary care voluntary drivers, assist with raising funds, develop scheme to assist with funding individual patients
Implement patient information about hospital transport options	Compilation of easy to read information leaflet and for information to also be accessible via our website
Parenting skills classes for patients with children at school and teenagers	Local school has offered use of their facilities to run these programmes. Potential trainer identified. These courses to be advertised on the surgery's website, in the baby immunisation clinics, in the surgery waiting room and on social media.
Supporting the community action for the introduction of better public transport services	Better bus services, disabled access at Liphook Station and a Hoppa bus service would significantly improve access to hospitals. PPG to actively support campaigns for improvements.

Clinical Commission Group

CCG's come into force on 01 April 2013 when the PCT's will be abolished and their work divided into a number of different organisations. For us, this means that much of our additional funding for NHS work will be paid for by 4 different organisations.



Our work:

INR's
CCG
Diabetes
Extended reception hours
Phlebotomy
Toxic drug Monitoring
Near patient testing

Our work:

Alcohol
Extended hrs (GPs)
Learning disabilities
Minor Surgery
Seasonal flu
PPG
Pneumococcol (over 65 years)

Our work:

Childhood imms 2yrs and 5 yrs
NIPE
Whooping cough

Our work:

Chlamydia
Contraceptives & LARC
Healthchecks
Quit smoking

In order to secure savings in the costs of care, the CCG has been developing a number of services that rely on a specialist GP working in a community setting, rather than referring patients to secondary care supported by consultants and based in hospitals. In addition to this, they have introduced services run independently from the NHS and by profit-making organisations in a drive to improve access to care for our patients.

Voluntary Care Drivers wanted

Do you have a few hours to spare each week?

Voluntary Care helps those members of the community who need assistance attend hospital appointments by collecting them from their home and taking them to the hospital clinic and then bringing them home again.

Your car costs will be reimbursed.

Staff update

You may be aware that one of our nursing team has been off sick for a while now. This has meant that sometimes it has been difficult to make an appointment to see a nurse within the timeframe you wish, but we hope that pressure on nurse appointments will now start to ease. **Jo-Jo** has been quite poorly but we hope she will be returning to work at the end of May 2013.

We have to say goodbye to **Sarah** who has spent the last year helping us as Practice Nurse on a Monday and running our diabetic clinics and baby immunisation clinics for us. Sarah is going to work full time at her other surgery in Loxwood, West Sussex.

We are delighted to welcome **Kirsty** who joins us as Nurse Practitioner and will be leading the nursing team at Liphook Village Surgery. Kirsty is able to prescribe and runs nurse-led clinics on a Monday and a Friday to help us manage the demand for appointments at our peak times. Kirsty joins us from a walk-in centre at Mitchum, Surrey, and is a member of the teaching staff at St George's Hospital, Tooting.

Following feedback from the survey, the Partners have reviewed the management and releasing of GP appointments in an effort to reduce the number of patients who are waiting 5 days or more to see a GP of their choice. The options they considered were (a) to increase the number of 48 hour appointments available but it was felt this would reduced availability longer term; (b) to work extra sessions but due to commitments outside of work this was not viable; (c) to train another member of staff to undertake insertion and removal of coils and contraceptive implants which would increase the availability of access to Dr Hobbs. This last option was regarded as the most viable and a new Lead Nurse has been recruited with the aim for her to be trained to undertake this procedures.

We also reviewed the viability of using internet access via Patient UK to book appointment with the nurse. However, due to the variety of nursing duties they perform, and specialist clinics they hold, it was agreed that it would not be feasible to allow patients to book their own appointments. The risk of the wrong nurse being selected for specialist treatment, or the incorrect time being booked for certain procedures, was considered too great for this functionality to be utilised. Patients are still able to book appointments with a GP and order prescriptions via Patient UK.

The Partners also reviewed how we manage our test results to ensure that patients are able to access informed in a timely fashion. As well as a dedicated time to contact the surgery, the website was reviewed to ensure clear instructions were available. Furthermore a patient leaflet will be produced to allow patients to see the full name of the test(s) they are having, what it is testing, and to clarify whose responsibility it is for obtaining results from the surgery, timescales and instructions on how to prepare for a blood test.

Our PPG profile and practice profile this year is as follows:

PPG Profile		Practice Profile	
Total PPG members	30	Total patients	5586
% of which are male members	37%	% of which are male patients	50.1%
% of which are female members	63%	% of which are female patients	49.9%
Age Profile of PPG members		Age Profile of Practice Patients	
35-54 years	30%	35-54 years	28%
Aged 55 years +	70%	Aged 55 years +	30%

Emis Web

We have, for the last 15 years or so, been using a clinical system called EMIS LV to record patient consultations, medications, documentation and other relevant patient details. As you can imagine the functionality of our existing system, although very sound, is old fashioned and fairly simple. Modern clinical systems are much more user friendly and integrate more easily with other software systems such as Microsoft outlook.

An example of how a new system would improve our patient care would be the ease at which we could make referrals. Currently we make manual referrals using either Choose and Book or by typing out a referral letter and posting it to the consultant concerned. EMIS Web will allow us to easily forward referrals via secure email and enclosing with this referral relevant clinical information.

In order to migrate to this new clinical system, staff will have to undergo an extensive training and familiarisation programme. We are therefore investing in a comprehensive staff training programme that will cover everyone, from reception to GP, to ensure that when we go 'live' with the new clinical system, we can maintain a professional and satisfactory provision of service to our patients.

We will be going live on Wednesday 26 June 2013 and on this day we will only be able to deal with emergency consultations. An outline of the day is as follows:

25 June 2013 -	last appointment 17:30 hrs. System closed down 18.30
26 June 2013 -	08:30 new software installed on every PC. Clinics and telephones will open at 10:00 with emergency clinics running morning and afternoon. Clinics will end 17:30hrs
27 June 2013	Normal services resume.

Docman

This spring we have invested in two pieces of software called Docman and Intellisense. This captures documents we are sent, for example clinical letters or hospital discharge summaries, in two forms:

1. Docman captures it as an image that the GP's can view. This also allows the reception team and administration team to view letters or other documents to help with enquiries or to complete forms for insurance if they need to.
2. As a word document which Intellisense can 'read' much of the document, for example identifying the hospital the letter is from, the clinical speciality, the date of a clinic, and so on.

In this way, we can manage documents we receive more efficiently and safely. They are opened, scanned onto the appropriate patient's record, coded so we can identify key clinical aspects of this document for reporting or clinical overview, and then forwarded electronically to your GP to view.

In the months ahead, we will start to receive letters electronically from hospitals like the Royal Surrey County Hospital. This will mean that information is passed more quickly between consultants and our GP's as well as saving on postage costs and administration costs.

We hope that you will not notice that Liphook Village Surgery staff are accessing information you request in a different way but if you find we have taken longer than normal, please accept our apologies for any inconvenience caused.