**Millennium Family Practice**

Patient Report 2014 / 2015 / 2016

**2014**

We identified that we needed to be prepared for the influx of young people we were expecting and via conversations and surveys that we needed to improve our information for the young people of the services available for them. As a consequence we attended ‘fresher’s week’ of the University of Northumbria with our Young Persons Champion, who has since handed over the job to our Young Apprentice with as much information as we could produce in time for fresher’s week. A GP also attended to instill the importance of registering with a GP when you are away from home and parents. We have produced several articles of information and completely updated the website especially the information on travel vaccinations as more and more students travel through their summer recess.

**This year 2015/2016**

We have looked at the responses to surveys, Friends and Family Test and other sources of patient feedback, in particular our patient reference group and the main issue is Access, timings of Access, GP of choice and Responsiveness. We have discussed this and intend to implement the following action plan (some areas have already begun). We are also cognisant that we need to be sure we are also improving services for our older, frailer and vulnerable populations.

1. Employ a Primary Care Navigator to identify frail, elderly, socially isolated patients and support them to find solutions to their improved care and hopefully better health.
2. Extend our working day so that there is variability, diversity and improved access for patients. More early morning and early evening sessions whether it be GP, Nurse or other Health care professional.
3. Increase the use of technology to include online access for appointments, prescriptions and electronic prescribing direct to pharmacies.
4. Support our work with our elderly population particularly housebound in Care homes or their own home – increase care plans and work with Carers.
5. Improve access to one stop multi morbidity clinics to create more appointments and hopefully reduce attendances for some patients.
6. Increase support services for patients for example Pharmacy First, Courier and Self Care Services to improve access. We want patients to go to the right person at the right time and get the right treatment first time.
7. Improve technology to allow patients to register online and encourage use of in house technology, for example Health Monitors, 24 hour BP, Home BP, and potentially Skype – all in order to improve access and be more efficient.

This has all been discussed with members of the reference group and we hope to involve as many of them as possible in the further implementation of this.

Tracy Atkinson

Practice Manager.