

Action plan - proposals following Patient Survey 2013/14

Experience with the doctor/nurse

No actions are proposed to this section of the survey in view of the fact that in each of the first 5 questions over 80% of patients responding answered in the categories "Very Good" and "Good".

However, we need to obtain your suggestions on what we need to do to address a potential issue with waiting times.

It is a potential issue as, in previous surveys we have asked the question whether patients prefer to be seen on time or are happy to wait because they know the doctor is giving the patient the time they require and will do so for them. A large majority of the response was in favour of the latter approach. However, we are seeing a few more comments this year that this view may be changing and in which case we will need to propose some action.

In this year's survey, 61% of patients were seen in less than 10 minutes waiting time. This leaves more than a third who waited longer, the bulk of these patients waiting for up to 20 minutes.

Some of this wait could have been due to "Duty Doctor" appointments i.e. where this doctor will see regular patients in the morning but have to be on emergency call for the whole day and an emergency happens. Others may be because the patient has a complex problem or has multiple problems to discuss. We do not have the statistical information to back this up as a lot of patients completing the survey were unable to remember the name of the clinician they were waiting to see.

In recent months we have been using our call screen system to make patients aware of delays in being seen as soon as we can and following a Suggestion box entry from a patient and hope this is proving useful.

PROPOSED ACTION:

During the next 12 months to undertake a further survey to monitor the number patients being kept waiting more than 15 minutes for their appointment and obtaining their views on this by completing a feedback slip (specimen on next page) which could be left in the waiting room and passed to reception on the way to their appointment.

It would also appear that there is insufficient patient awareness of the availability of telephone appointments with our doctors and nurses and we need to increase this awareness.

PROPOSED ACTION:

1. Enhanced message to be placed on the surgery website to make this service more visual to patients
2. Notices around Reception and the Waiting Room on the basis of "Did you know you can now have a telephone appointment with one of our doctors or nurses...."

If you have waited more than 15 minutes to be seen for your appointment please help us by completing the information below. Thank you.	
Name of Dr/Nurse waited for:	
Length of time you waited to be seen AFTER your allotted appointment time i.e. do not include early arrival times	minutes
Please rate on a scale of 1 – 10 how prepared/happy you were to wait this long: (with 0 being “extremely unhappy” and 10 being “very happy”	0 1 2 3 4 5 6 7 8 9 10 (Please circle the appropriate number)
Would it make a difference if you were told when you arrived about the delay?	YES/NO

This will avoid the “I can’t remember who I’m seeing” responses (of which there were numerous in the survey) because it will be timely. We can then collect the information from these slips and use it to discuss with the clinicians at our regular surgery meetings and see whether previous patient thoughts have changed and what action could be taken. Results can be made available on our website and in the waiting room.

Our Premises

Premises are an on-going concern for us and many of you will be aware of our attempts to find an alternative site. With the change in the NHS Primary Care structuring last year we have had to start again.

All responses to the questions in this section highlight sufficient patient concerns in key areas of our surgery premises.

PROPOSED ACTION:

1. Use this information to support any new application for alternative premises and understand therefore any timeframe which is likely to be involved
2. Once timeframe known, assess possibility of altering existing premises to try to mitigate the issues faced e.g. create an additional downstairs consulting room, a confidential area off reception etc

Patient Communication

Just over half of patients were aware that information and forms could be downloaded from our website. This is better than expected but still far short of what we would wish to see.

PROPOSED ACTION:

1. Continue to promote website facilities through the surgery, including prescription messages such as “when did you last look at the Milton House website”, designing waiting

- room/consulting room posters as part of a co-ordinated campaign and ensuring Patient Services Team members are fully aware themselves to promote this to patients
2. Regularly review services with a view to providing website access to additional services/administration as appropriate

A high proportion of respondents felt we were “poor” or “very poor” in keeping patients informed if there were delays in being seen.

We have already changed the Check In screen function to show the number of patients waiting to be seen before you when you check in and have recently begun to place messages on the “Call Screen” in the Waiting Room following a completed Patient Feedback form.

However, if the doctor has telephone patients to see, this number is included in the Check In screen information and therefore will give a false position. Also, the Call Screen information is manually input, will therefore incur delays before it is broadcast and is currently only being completed when the Patient Services Manager is in the surgery – there is currently no electronic link between the systems to avoid the manual input.

Receptionists do not automatically check the situation and inform patients checking in at the Reception desk.

PROPOSED ACTION:

1. Establish with our clinical software provider if telephone appointments and other similar entries can be ignored when working out the number of patients ahead of someone checking in
2. Explore ways of avoiding the manual input dependence of one person to provide information on delays the patients have asked for
3. Ensure Reception staff always check for delays and advise any patient checking in at the Reception desk

Our receptionists were considered very helpful by 55% of respondents. There was no category between “Very Helpful” and “Fairly helpful” which, on reflection, should have been created but 6% felt they were not helpful.

PROPOSED ACTION:

1. Ensure regular slot in team meetings for discussions concerning good and bad patient experiences encountered in Reception or on the telephone
2. Use external courses more so team members also get sent on appropriate courses with an “external viewpoint” to consider applying at the surgery

Ease of Access

Whether getting through on the telephone or wanting to speak to a doctor/nurse on the telephone, 32% and 20% respectively of the respondents found it not very easy at all. This is disappointing.

There are 6 lines available and manned for the peak period from 8.30 a.m. for the first hour or so which includes staff from other areas helping out. This is our full capacity. We do not know the times of the day those patients having a poor experience are trying to get through – we had assumed it was first thing but perhaps not and we need to find out more.

PROPOSED ACTION:

1. Explore provision of software with our telephone provider to help track/monitor peak times of calls, call hang ups etc. to validate our assumption or otherwise to ensure capacity is available when required
2. Ensure staff log all comments received about “getting through” including time tried, number of attempts etc.
3. Explore automated booking of appointments through the telephone rather than the website facility which would be available 24/7
4. Explore ways of reducing the need for calling at peak times by looking at the timing of our appointments release and further promotion of online booking e.g. released the evening before for the next morning etc.
5. Being stricter with patients calling outside requested times for results by asking them to call back at the allotted times

Appointments

17% of respondents felt they could not be seen the same day if they needed to be seen urgently. Our message has not completely got across as you will be seen that day if it is urgent.

PROPOSED ACTION:

1. Amend website and Waiting Room TV messages to ensure patients are aware of this.
2. Discuss at next Patient Services Team meeting

36% of patients felt it was not easy to book ahead at this practice. We are constantly reviewing how our appointments are released. We increased the 2 weeks ahead released appointments to one month ahead and then saw a significant increase in “Did Not Attend” appointments despite our new text message reminder service being in place. This was a complete waste and prevented other patients making use of these appointments.

We have therefore returned to two weeks ahead but have also introduced “one week ahead” and “one day ahead” release of appointments to reduce the number of patients needing to call on the day. Whilst this has gone down well it is to the detriment of those wanting to book more than 2 weeks ahead. At the end of the day there is only a finite amount of appointments available. We release them in stages to cater for as many requirements as possible and to avoid a repeat of a few years ago where all appointments were available on a “first come first served” basis. This led to complete “gridlock” within less than a week and having no appointments to book at all for the whole of the following month!

PROPOSED ACTION:

Continue with the twice yearly review of appointments’ release/patient complaints/capacity etc. between the partners and the Business/Patient Services managers