

## Milton House Patient Group 2015

A review of all sources of patient feedback received during the year has been undertaken to identify areas of the practice's services most frequently commented upon.

Following this review the areas proposed to the Group where improvements may need to be considered were:

1. Waiting time in the surgery for an appointment to start
2. Appointment availability
3. Management of patient care
4. Attitude of doctors
5. Patient Confidentiality
6. Communicating with patients

From the Group Member Responses the three areas which attracted most comments from them and which have therefore been chosen are:

1. Waiting time in the surgery for an appointment to start
2. Appointment availability
6. Communicating with patients

Having reviewed member responses we also revisited the sources of information we used to create the list of six areas e.g. Patient Complaints, Patient Feedback Forms, National GP Survey etc. to help us to create our proposed Action Plan which appears on the next page.

Comments were then sought on our proposed Action Plan to enable us to agree proposed actions with the Group prior to them being implemented.

Several further comments were received from the Group and the draft Action Plan was amended in line with these. As a result the Final Action Plan was drawn up and can be seen on the next page. We have started to implement the plan and some benefits are already being seen which we have commented on under "Result of actions so far (March 2015)".

## Milton House Patient Group 2015 – Action Plan

The following actions will be implemented by the surgery in response to the feedback received from our Patient Group members:

Area	Proposed Action(s)	Reason
Waiting time in the surgery for an appointment to start	Change the order of 2 week ahead pre bookable doctor appointments so that they are at later times in the session	Patients booking as far ahead as they are able to are more likely to have complex problems meaning the appointment is more likely to take longer. Whilst we could consider lengthening the time of an appointment this will, by definition, reduce the actual number of appointments available during the finite surgery times. Currently the two weeks ahead slots are the first appointments in the morning and afternoon so delays in completing these will affect more patients who have booked subsequent appointments. If we make the 2 weeks ahead appointments later in the sessions and also intersperse them more and then make the earlier ones bookable a day ahead we believe the earlier patients are more likely to have a more immediate/less complex problem which is more likely to be dealt with in the allotted appointment time. Less patients are therefore likely to be impacted by any delays
	Doctors to attend a “Consultation Skills” update course	To attend a local course to hear up to date techniques for effectively handling consultations to help keep running to time
	Put up a notice in the waiting room/reception area advising those patients who may have difficulty with the stairs that they may go up earlier and sit on the landing to wait for their appointment	Appointments start late if a patient who has difficulty with the stairs only makes their way to the doctor’s room when they are “called”. Walking from the landing chairs to the doctor’s room would take less time and therefore reduce delay. Increasing awareness of this existing option for patients would hopefully increase use
	Reconsider advertising a one problem per 10 minute appointment policy	We have tried this before and then withdrawn it because of patient criticism. We will reconsider.
	Return to booking double appointment slots only for those patients needing to be seen in a downstairs room	At the moment most patients requiring a downstairs room only have a single 10 minutes slot meaning the doctor has to see the patient and get downstairs and back to their room again in that 10 minutes. Patients with this need are also likely to have more complex needs. This would enable the doctor to have a extra time for that patient with reduced impact on subsequent appointments

Area	Proposed Action(s)	Reason
Appointment availability	Investigate the appointment of a part time salaried doctor which would provide four additional sessions each week	Increase the number of doctor appointments available for patients
	Investigate changing the type of scheme we take our GP trainees from	Under the current scheme we have a trainee for 4 months. He/she then leaves and we are unable to have another one until a further 4 months have elapsed. Other schemes enable trainees to be with the surgery for an 18 month period which would help provide more continuity and more doctor appointments during the year
	Consider a Nurse led Triage system for urgent appointment requests	Explore if this may enable more pre booking of and more appropriate use of appointments
	Review the proportions of book on the day versus pre bookable appointments	The numbers of book on the day appointments we estimate are needed each day are divided by the number of available doctors working each day. This overall number needed will remain consistent so if an additional doctor is appointed as above then each doctor will have less on the day appointments to complete and more pre bookable slots will become available with each of them
	Advertise our "Did Not Attend" policy	Our policy is to seek to remove patients from our list who failed to attend 3 appointments within a certain time period. A Notice in the Waiting Room and on our website will increase awareness of the policy and hopefully reduce the "Did Not Attends"
Communicating with patients	Canvass opinion of current Patient Group members of the appetite for setting up a "face to face" Patient Group with regular meetings etc.	This has been fed back to us as part of this year's exercise. However, previously there has been very little take up and we need to know if the situation has since changed
	Set up a Face to Face Patient Group if there is sufficient requests for one to be established	Improve communications with patients
	Increase awareness of Patient Newsletter by making it more visible on our website and also direct emailing to specific patients at their request	Newsletter contains useful information for patients so an increased circulation is desirable

Area	Proposed Action(s)	Reason
Communicating with patients continued	Practice to instigate a “de-clutter” and weekly checks of website to ensure up to date information only is displayed. Key information needs to be more visible and easily accessible to be effective	Feedback has pointed out the out of date items seen on the site and we need to review the site more frequently and set a policy of how long items should remain visible
	Practice to review number of staff able to edit website with a view to provide training of extra staff and thereby more cover for absence etc.	More staff capable of doing this will improve ability to keep website right up to date
	Staff to be trained to encourage more patient use of practice website when they are speaking with patients	Not enough patients are aware we use the website to give out “Latest News” whether this is a change in surgery procedures or what to do in the event of an outbreak of an illness etc. Notices around the surgery can be effective but this relies on patients actually coming in to the surgery
	Introduce regular features to encourage patients to take more responsibility for their own health	Use newsletters, website etc. to inform patients on improving lifestyle, signs to be aware of re cancer and other diseases
	Install an additional TV Screen in the Waiting Room specifically for surgery messages, updates and information	Patient suggestions received to revert to having a TV screen as before and this will supplement the Newsletter on a daily basis

## Result of actions so far (March 2015):

Priority area 1
<p>Description of priority area:</p> <p><b>Waiting time in the surgery for an appointment to start</b></p>
<p>What actions were taken to address the priority?</p> <ol style="list-style-type: none"><li>1. Changed the order of 2 week ahead pre bookable doctor appointments so that they are at later times in the session</li><li>2. Doctors agreed to book/attend a "Consultation Skills" update course this year</li><li>3. Put up a notice in the waiting room/reception area advising those patients who may have difficulty with the stairs that they may go up earlier and sit on the landing to wait for their appointment</li><li>4. Introduction of advertising a one problem per 10 minute appointment policy in the waiting room and on the website</li><li>5. Return to booking double appointment slots only for those patients needing to be seen in a downstairs room</li></ol>
<p>Result of actions and impact on patients and carers (including how publicised):</p> <ol style="list-style-type: none"><li>1. Less waiting for patients at the start of the surgery which is helping to keep overall waiting times down for most doctors during the morning session. Some exceptions seen where delays caused by traffic issues in the town and the doctors themselves are delayed in getting to the surgery. No advertising of this change has taken place.</li><li>2. Courses yet to be arranged</li><li>3. Additional patients now waiting on the landing however improvement in length of their appointments yet to be seen as we had envisaged</li><li>4. Not all patients happy with this approach although intended impact is being seen. We will continue to monitor and review this action during the year. Advertised on surgery website.</li><li>5. Winners and losers with this one. The downstairs room availability is being more restricted to afternoon surgeries only because this is when some nurses have left for the day. We are now less likely to fit someone in for a double appointment around the nurse surgeries during the morning sessions whereas it was slightly easier when only a single appointment was booked. However, the additional time the doctors receive is reducing the waiting times for other patients as planned. We need to do some more work around ensuring patients needing a downstairs room actually request one at the time the appointment is made rather than just turn up and ask for one as we currently see.</li></ol>

## Priority area 2

Description of priority area:

### **Appointment availability**

What actions were taken to address the priority?

1. Investigate the appointment of a part time salaried doctor which would provide four additional sessions each week
2. Investigate changing the type of scheme we take our GP trainees from
3. Consider a Nurse led Triage system for urgent appointment requests
4. Review the proportions of book on the day versus pre bookable appointments
5. Advertise our "Did Not Attend" policy

Result of actions and impact on patients and carers (including how publicised):

1. Part time salaried doctor has been appointed to commence work here from 1<sup>st</sup> April 2015. Additional doctor appointments being provided from then which we expect to decrease pressure on the appointments system. Advertised on surgery website and will be included in next Patient Newsletter
2. Dr Patel continues to make enquiries with the Deanery but we continue to have trainees under the current agreed scheme with the next one due to start 8<sup>th</sup> April 2015. Again, advertised on surgery website and will be included in next Patient Newsletter
3. Discussions with doctors and nurses are currently taking place so no impact/advertising yet.
4. Additional pre book appointments made available and book on the day reduced to enable these to be provided. Initial signs encouraging from patient comments received but really too early to assess impact for patients as it takes some time for changes to infiltrate into patient practice
5. No noticeable impact on the number of DNA's yet. Advertised on Surgery website

## Priority area 3

Description of priority area:

### **Communicating with patients**

What actions were taken to address the priority?

1. Canvass opinion of current Patient Group members of the appetite for setting up a “face to face” Patient Group with regular meetings etc.
2. Set up a Face to Face Patient Group if there is sufficient requests for one to be established
3. Increase awareness of Patient Newsletter by making it more visible on our website and also direct emailing to specific patients at their request
4. Practice to instigate a “de-clutter” and weekly checks of website to ensure up to date information only is displayed. Key information needs to be more visible and easily accessible to be effective
5. Practice to review number of staff able to edit website with a view to provide training of extra staff and thereby more cover for absence etc.
6. Staff to be trained to encourage more patient use of practice website when they are speaking with patients
7. Introduce regular features to encourage patients to take more responsibility for their own health
8. Install an additional TV Screen in the Waiting Room specifically for surgery messages, updates and information

Result of actions and impact on patients and carers (including how publicised):

1. We have set up a User Poll on our website to gauge reaction to this patient suggestion. We have only had a few responses as yet.
2. As above – too early to make a decision based on low number of responses so far
3. In hand for next Newsletter (Summer version)
4. Person previously allocated this task has been unavailable for a while to carry it out which has been done on an ad hoc basis during this period. Additional hours being agreed to enable this to happen.
5. Not yet carried out
6. On Agenda for next staff meeting in April
7. In hand for next Newsletter (Summer version)
8. On Agenda for next Partners’ meeting (March 2015).

## Outline of progress made on issues raised in the previous year:

We now routinely obtain patient email addresses and mobile phone numbers as part of the application for online services. The facility to provide these details is also available through the surgery website.

We regularly use text reminders for appointments and over the last winter texts were heavily used to invite patients to flu clinics and to issue reminders if eligible patients had not attended. We also use the text service to follow up on recall letters where patients have not responded within a certain timescale to have their review.

This has proved very successful outcomes and we will continue to use the messaging service for this purpose and explore other areas where it may also prove beneficial.