

Patient Representative Group

Chairperson: Paul Taylor

Action Plan following Patient Survey 2012

Following the completion of the 2012 Patient Survey, the Practice and the PRG considered the results, prior to this Action Plan being agreed.

The chair of the PRG sent the key areas of improvement as cited below for PRG members to discuss and identify solutions.

Key Areas of Improvement

- **Advertise existing GP services**
 - Patients can see a GP without being registered at the practice
*We do not advertise this service, as it is not something people plan for in advance. The only way that a patient can see a GP without being registered at the practice is when it is “immediately necessary”. In this case the ‘patient’ should go to the **nearest surgery** to them, and request to be seen. The practice is only obliged to offer their next routine appointment, which may not be the same day. In most cases, the patient actually needs to go to A&E due to the severity of the problem, or could wait to see their own GP.*
 - More information is needed to show that the practice is only closed during lunch
 - *We will change our answer-machine message, and website information, to better explain the closing times.*

- **Advertise other local services**
 - Chemist/Pharmacy medical care to be advertised
 - Use the excerpt from the ‘Minor Ailment Scheme’ leaflet as shown in appendix
This is a really good idea. We will display this throughout the practice.

- **Advertise Self-Care services**

- Show a list of health problems which can be treated with over-the-counter medicine, and the recommended medicines to treat such conditions. *As above – we will promote the minor ailment scheme. Due to the resources available in the practice, we wouldn't be able to produce in-depth leaflets regarding treatment. However we can put notices up in the practice and on the website to direct patients to www.nhsdirect.nhs.uk and www.patient.co.uk for advice about treatment.*
- Inform reception / triage service to promote self-care
We have always avoided training our receptionists to ask clinical questions, as patients seem to feel uncomfortable sharing personal information with admin staff. However, we are about to pilot a new Nurse-Practitioner led triage system.
- Say to patient on the phone that they will be treated quicker by going to their local pharmacy instead? –
This will be addressed in the new pilot (as above)
- Promote the NHS smartphone 'app' to the new generation which promotes self-care -
We can add this information on our website,
- Information leaflets to be given out by reception, nurses and most importantly the GPs. Patients will more likely read what is given by a GP (medical professional) than a 'nosey' receptionist -
*Firstly, we will try to find some self-care leaflets from reliable sources
We do not provide these directly due to limited resources.*
- Use the notice boards to focus on single topics/health conditions and ways to self-care, this could be seasonal.
We already try and keep one notice board, for current issues. However, we would welcome a volunteer to help us maintain our notice boards.
- Run community workshops to promote self-care amongst the 'Over 60s', 'Young Mums' and 'Teenagers'.
*Unfortunately, we haven't got the resources to run these specific groups.
We would like these types of groups to be represented at our Patient Group meetings.*

- **Doctors to educate patients directly**

- Provide GPs with self-care information to give to patients, ask them to advise patients on best way for treatment.
As above

- Every month a different practice GP writes a piece on self-care and what to do in certain situations – when it's best to see the GP.

We will try and incorporate this idea into our newsletters, although due to time constraints we can't produce these on a monthly basis.

- **Improve telephone system**

- Include call waiting/queuing feature? Patients give up after a few minutes of becoming anxious and then head to A&E.

We have considered different telephone options, although previous survey results have told us that our patients do not like systems that place you in a queue, as these systems can be costly for the caller.

- Have more than two lines open at 7am –

Due to limited resources we can only provide two receptionists at this time of day, therefore having more lines available would not help, as there would be no one to answer them. Ideally patients should only ring at this time of day, if they need to be seen that day. Future appointments, test requests and other queries would be best left till after 8am.

- **Increase appointment availability**

- Same day appointments to be available on the day you call, especially 7am-9am appointments –

Appointments before 8.30am are pre-bookable, and are intended for people who have work commitments and need to plan ahead. We cannot leave them as "on the day" as we may not fill them.

- Appointments to be made available online for those who can't use the phone or get too anxious trying to get through at 7am only to find all the appointments have gone.

We will look into this, but looking at other practices online appointment systems, only a small number are offered, and these are usually pre-bookable and not "on the day", so this may not address this particular issue.

- Why do we have to call every day to get an early morning appointment? It shouldn't take 1-2 weeks to get in, especially for chronic problems and those of us at work.

We are hoping our pilot system will help us identify how many appointments need to be embargoed for "on the day" problems, and this will then allow us to look at the length of time people are waiting for follow-up appointments with a specific GP. We are always keen to look at

ways to improve our appointment system but Demand Vs Availability is always going to be a problem.

- Change the appointment times on one day so that you are working the same hours but closing later, for example instead of 7am-6pm, you could work 8am-7pm.

It's not just GPs that would need to work later. We have receptionists, IT staff, domestic staff, and managerial staff that would all be affected by this time of change to opening hours. Unfortunately we don't have the resources to bring in both early mornings and late evenings. The early morning opening has proved popular with staff, and patients, and currently the practice has no plans to change this.

- **Self-Triage system or Process change for receptionists**

- A triage system by either using a Doctor or Nurse available for phone calls in the morning (high peak times) to triage calls into; Nurse, GP or see Pharmacist etc.
- Don't use the receptionists unless they have specialist triage training / a system procedure to follow.

As already mentioned above, we will shortly be piloting a Nurse Practitioner led triage system.

Proposed action plan

- 1) Introduce Nurse-Practitioner triage service through April, and feedback results to Patient Reference Group.
- 2) Change the answer-machine and website information to better explain when we are closed.
- 3) Display self-care information, and websites in the Practice and on the Practice Website.

Appendix - Minor Ailments Scheme

If you do not normally pay a prescription charge pharmacists will be able to provide you with medicine for minor conditions for free.

If you are not exempt from prescription charges, you will pay the normal prescription fee to the pharmacist or buy the medicine if it is cheaper.

Need health advice / medicine without an appointment?

Go to your pharmacy first if...

...you have one of these ailments.

- Athlete's foot
- Cold sores
- Constipation
- Cough, cold, fever
- Cystitis
- Dermatitis
- Diarrhoea
- Earache
- Hayfever
- Eye infection
- Head lice
- Headache
- Indigestion / heartburn
- Insect bites or stings
- Mouth ulcers
- Nappy rash
- Scabies
- Sore throat
- Teething
- Threadworm
- Thrush
- Verrucas / warts