

2013-2014 Survey Outcomes and Action Plan

The practice decided, with the help of our virtual and postal PRG members, to look again at our appointments system and how we communicate the range of services and professionals available to our practice population. The survey was sent electronically to the members of our virtual PRG, posted to our non-online members and also left in the waiting room for patients to complete.

We asked patients how they normally book their appointments. Of 130 replies received, most book either by telephone or in person. When asked how they would prefer to book their appointments, 75% replied that they would be happy to book online. However, this may be a slight distortion of the overall practice patient position as this is the preference from a mainly virtual group who are already on-line.

Patients were asked how long they felt it was reasonable to wait to get a *routine* appointment, 77% thought it reasonable to wait up to a week, whilst 21% thought it was reasonable to wait up to 2 weeks.

Patients were then asked if they phoned the practice for an *emergency* appointment, would they be happy for the Receptionist to take their number and details and for a health professional to phone them back. Of replies received, 75% indicated that they would be happy.

Patients were then asked, if they had agreed to be phoned back for an *urgent* problem, how quickly did they think that they should wait for a return telephone call. Of the responses received, 59% felt they should be phoned back within 1 hour, with only 15% willing to wait over 2 hours.

Patients were asked - if they had been assessed by telephone triage and were then offered an appointment for what *they* considered an *urgent* problem, what would be a reasonable timeframe to be seen in. Of the responses received, 62% thought they should be seen within the same day.

We then asked patients about *routine* problems being dealt with by telephone. Patients were asked - if they had agreed to be called back for a routine problem, how long were they prepared to wait. Of the responses received, 37% thought they should be phoned back within the same morning or afternoon, whilst 23% would be happy to wait until the next day.

We then asked patients how easy it was for them to take personal phone calls throughout the day. Of the responses received, 35% replied that it was easy to take a phone call at any time, 30% thought they could usually take a call and 14% responded that they needed a timeframe in which to be able to take the call.

We then asked our patients what problems they thought could be dealt with by an Advanced Nurse Practitioner (ANP). We asked if patients thought ANPs could: diagnose illness, prescribe medication, make referrals, monitor ongoing chronic conditions, complete medical reports and sick notes. More than 50% of those that responded, acknowledged that ANPs could do all of these things. However a smaller number, 34%, thought that they could not diagnose illness.

We asked similar questions about the Practice Nursing Team (PNT). We asked if they could: monitor chronic disease, perform cervical smears, help with family planning, vaccinations, blood tests, prescribing and referral to some services. From the response, it seems that our patients are aware of all the services that our PNT can provide.

We then asked what tasks they thought the Practice Administration Team (PAT) could do. These included: dealing with prescriptions, referral queries, access to medical records, access to test results, requesting sick certificates and medical advice. From the results we think we may be able to improve awareness of the tasks that the PAT can help you with and those they cannot.

We then asked for comments about how we might improve our appointment system. It was suggested:

- ❖ Move to online appointments
- ❖ Try to cut down on number of patients queuing in the morning
- ❖ Review the balance between “on-the-day” and “advanced-booked” appointments.
- ❖ Run walk-in clinics
- ❖ More staff on the phones in the morning
- ❖ Reduce the number of patients at the practice
- ❖ When writing to patients asking them to make an appointment, including the appointment time with the letter.

This year, although we emailed over 700 surveys, posted about 75 and placed some in the waiting room, we only had 130 responses. Of those 90% were of white British ethnicity and 85% of those who replied were between 35 and 80 years of age, with 64% being female responders.

The results of the survey are attached and a sample of comments made is shown. We asked patients for suggestions on how we might improve our current system as we realise that there are currently some areas of concern. Some very valid points and suggestions were raised and it is our intention to try to act on some of these over the coming months. We also realise that some critical responses, whilst uncomfortable to address, should be shared and discussed with Practice staff, however, nationally, within the current constraints of the NHS, many surgeries are under pressure and fall short of some of their patient’s expectations.

ACTION PLAN

| Item | Proposed Action | Time scale |
|---|--|---------------|
| Online booking | Introduce some online booking | Summer 2014 |
| Appointment survey | We have run 2 audits in the past 2 months looking at requests from patients for appointments and availability. We have also counted the number of appointments available during different weeks. We are building a profile of demand versus availability. We have arranged an internal practice meeting to discuss this further. | April 2014 |
| Telephone triage | The survey indicates that most patients would be happy to have their condition triaged by telephone initially. The practice has discussed different ways of implementing this system and further discussion and some initial testing are planned. | July 2014 |
| GP telephone slots for GPs to discuss results with patients | We realised that letters are going to patients from the GPs asking the patient to book a telephone appointment to discuss their current treatment regime. When patients phone, there is sometimes difficulty in booking an appointment. We have decided to reverse the system. GPs and ANPs now have slots in their surgeries where they can phone patients who would have previously received a letter and been asked to arrange a telephone appointment. | February 2014 |
| Advertise who does what | Display in the waiting room to improve patient's perception of whom in the wider healthcare team, can do what. Revamp and improve information on Practice leaflet and website. Encourage patients to seek healthcare from a range of professionals and places. | May 2014 |
| Improve telephone access | The practice has reverted to a local rate number. As part of this reversal, there is now no queuing system on the telephone. Administration shift patterns have been altered to improve telephone answering times in the morning and although this has been successful, there are still issues during other periods. This needs further investigation and action. | August 2014 |
| Patient engagement | Install information screen in the waiting room and ensure information shown is current. Continue to engage with a virtual PRG and implement face-to-face meetings. | Sept 2014 |