

DR S P GROVER  
DR S KAMAL

Summerhill Surgery  
243 Margate Road  
Ramsgate  
CT12 6SU  
Tel: 01843 591758  
Fax: 01843 580370

## Patient Focus Group Action Plan

**Patient Focus Group Action Plan – following patient survey 2012.13.**

### **TELEPHONE SYSTEM**

*Q2 & Q3 23% of patients found it easy or fairly easy to get through to the practice on the telephone.  
Q8 20% of patients would prefer to book appointments in person, 82% on the phone and 32% online.*

### **ACTIONS UNDERTAKEN FROM 2012 ACTION PLAN**

- **Set-up and trial of 0844 – abandoned due to lack of patients using it** - Patients were probably cautious about potential charges. Agreed with patient support group that the priority was to

keep the 01843 number, both for cost purposes and for continuity for the patients.

- **Staffing levels to be reviewed at peak times as per the telephone call manager; this will involve adjustments in working hours and/or working patterns for some members of staff.** This was arranged and a new rota put into place to allocate one additional administration person answering the telephone at peak times. This meant that the surgery had four lines in and four lines being answered. The only ongoing concern is covering sick and holidays, and in addition to this still having four lines in all day means that during less busy times, with less staffing, the telephone can ring whilst either the staff member is dealing with another patient on the telephone or face to face and there might not be anyone available to help with the phones.
- **Investigate online booking – hopefully this will help reduce incoming calls to the surgery.** In order to establish online booking effectively this has had to come second to ensuring the appointment system was overhauled which would enable the surgery to offer a reasonable percentage of pre-bookable appointments. The GP-IT Team have now been contacted and they are due to visit on 21<sup>st</sup> March for the engagement visit to set up online booking and online prescriptions.
- **Introduce a procedure for when and how to contact the surgery; this will include specific times to contact the surgery for results and prescription requests. This will avoid peak times**

**and should therefore reduce waiting times on the phones.** Arrangements were set in place and the main contractor for our telephone system was asked to help develop a workable system and provide a quote for any necessary equipment. Relaying this back to the PSG it was felt that the solution was far too expensive and the surgery set about requesting other quotes or other possible solutions. This has delayed the process but the surgery has potentially found a solution at just 10% of the cost, the final visit from the new contractor is set for 26<sup>th</sup> March. Please see attached plan for new telephone system.

- **Information regarding the above changes** will be included in the new patient packs, on the website and on the telephone messages as well as repeat prescriptions and other opportunities such as certain mail shots i.e. flu invites.

#### **FURTHER ACTION AGREED on 22<sup>nd</sup> March 2013**

- **Establish and commence new telephone system – the system should enable the surgery to better manage the demand at peak times. The caller will be asked to choose from three options:**
  1. **Make an appointment** – this will be for anyone wanting to make an appointment, either on the day, pre-booked, emergency or home visit.
    - a. Cancelling appointments will be made easier by having an out of hours answer phone system so patients can leave a message informing the surgery that they are

- unable to attend.
  - b. Online booking, checking and cancellation of appointments will be available and this will be in addition to the online booking/cancellation forms which will be a new feature of the surgery's website.
  - c. It is also envisaged that due to the changes in the appointment system, more pre-bookable slots, as well as the flexibility offered by having a 'triage list' where all patients are offered either an emergency, routine pre-book, a sit and wait appointment after morning surgery or a telephone consultation, patients will feel less pressure to phone at 8am on the dot.
2. **Speak to a Member of the Team** – the system will allow for particular people (secretaries, prescription clerks, results administrator) to be directly available at particular times of the day, and patients will be advised to phone at quieter times. There will always be exceptions to the rule, but the idea is to try and direct demand away from peak times to free up the phones to ensure they are answered in a timely manner.
3. **Information Messages:**
- a. Standard information regarding how to access services at the surgery, opening times, how to book an appointment etc...
  - b. Seasonal or changeable information such as flu clinics, weather warnings and educational half days.

FOR THE DETAIL REGARDING THE TELEPHONE SYSTEM – PLEASE REFER TO ATTACHED DOCUMENT –  
SUMMERHILL TELEPHONE MAP 2012

- **Overhaul website – as part of the re-design of the surgery website patients will be able to:**
  1. **Appointments:** book, check and cancel appointments online – this will be available for a limited amount of doctor, Nurse Practitioner, nurse and HCA appointments – there will also be a facility to book and cancel appointments by using an e-form on the website.
  2. **Prescriptions:** order and check progress – this will reduce the amount of calls to the surgery to query medication.
- **Continue with improved rota to ensure staffing levels meet demand.**

## **TIMESCALE**

- **Education/Information** – changes to be publicised – patient television, website (old and new), telephone messages, new patient packs, utilise repeat prescriptions and opportunistic mail shots – JH TO FINALISE AND COMPLETE BY END APRIL 2013.
- **Telephone system** – final meeting booked for 21<sup>st</sup> March 2013 – will then need to book engineer day - JH TO FINALISE AND COMPLETE BY END MAY 2013.

- **Website** – final preparation – 4-6 weeks to complete website overhaul as per quote from current supplier - JH TO FINALISE AND COMPLETE BY END MAY 2013.

## **APPOINTMENT SYSTEM**

*Q 4 36% of patients, if they need to see a GP urgently, say they can normally be seen on the same day.*

*Q 5 & Q6 88% of patients say that it's important to be able to book appointments ahead of time, 24% of patients find this easy or fairly easy.*

*Q9 & Q10 40 % of patients are normally seen by their preferred GP same day or next day; and 45 % consider this good, very good or excellent.*

*Q11 & Q12 66 % of patients are normally seen by any GP same day or next day; and 60 % consider this good, very good or excellent.*

*Q 15 84% of patients say that the practice is open at convenient times.*

*Q 16 20% would like appointments before 8.30am, 3% at lunchtime, 32% after 6.30pm, 33% on Saturdays and 8% on Sundays.*

## **ACTION UNDERTAKEN FROM 2012 ACTION PLAN**

- **Liaise with other local surgeries to find out the systems they use and what problems they encounter. This will include The Grange, Bethesda, Newington and Northdown** – completed and discussed with PSG – dominant trend towards pre-bookable system and triage.
- **Audit our own appointment system – look at how many pre-books, follow-ups, on the day and telephone appointments are actually taken and analyse according to national benchmarks** – completed – system has certain flaws; although we currently run an ‘on the day’ system many appointments are pre-booked as GP follow-ups, Dr requests i.e. following an investigation or patient who need an annual review or attend for a health review such as DWP etc, this limits the number of ‘on the day’ appointments so to the patient calling on the day we don’t seem to offer many appointments, leaving the patient frustrated.
- **NOVEMBER 2012** – triage list introduced – further to the audits and analysis of the appointment system a new GP appointment system was introduced. Please see Excel spreadsheet for details of system and comparisons made with previous system.
- **Look at the ‘Did Not Attend’ rates – develop a policy which will be fair but will encourage patients to keep and/or cancel their appointments in good time.** Surgery now reminds patients, either by text message or by telephone, regarding any pre-booked appointment. The changes

to the telephone system and the website should also enable patients to better manage their appointments.

- **Re-visit the possibilities of Extended Hours opening** – from November 2012 the surgery has reinstated Extended Hours (7-8 Monday and Thursday mornings and 6.30 -8pm Monday evenings). The new appointment system also offers a lunch time clinic on a Monday due to the evening clinic, which offers even more flexibility to the patient population.
- **Nurse Practitioner Triage** – introducing a triage system for those who want an ‘on the day’ appointment may help to reduce numbers through appropriate sign-posting and advice – this system was introduced and was in place for 6 months. The system was reviewed in January 2013 and in light of the additional changes which have been made to the appointment system, the majority of the telephone triage appointments were dropped in favour of face to face consultations with the Nurse Practitioner.

### **FURTHER ACTION AGREED on 22<sup>nd</sup> March 2013**

- Triage List Appointment System to continue along with extended hours, with regular review of the appointments offered and monitoring of patients whose needs were not met to ensure that there is not a particular trend developing. JH – ONGOING – ¼ REPORTS.



- Maintain current clinical team – look to increase if patient population significantly increases. JH – ONGOING.
- Increase access – improvements to the telephones and website will help to reduce DNA rates and create better understanding of the services the surgery offers and how to get the best from the Practice. JH – END OF MAY 2013.
- Increase patient education – please see below.
- Ensure the clinics are added 3 months ahead of time to ensure patients have ability to book at least 4 weeks ahead. JH – ONGOING.

## **TIMESCALE**

As above

## **PATIENT EDUCATION AND SATISFACTION**

- Q43            *34% of patients said they know which services the GP surgery provides, 54% said some and 5% none*
- Q44            *32% of patients felt that they know how to access these services appropriately, 52% they knew*

how to access some and 9% said none.

Q24 & Q31 96 % had confidence in their GP, 72 % said their GP/Nurse helps to understand their problems very well

Q30 & Q32 90 % had confidence in their Nurse, 74 % said their GP/Nurse helps them cope with their health problems

Q33 65 % said their GP/Nurse helps them keep themselves healthy

Q34 80 % of patients say their experience of this GP surgery is good, very good or excellent

Q35 73 % of patients would recommend this surgery to someone who has just moved to this area.

#### **ACTION UNDERTAKEN FOLLOWING 2012 ACTION PLAN**

- **Engage with patients to ensure they understand the protocols and procedures in place so that appointments can be used appropriately i.e. repeat prescriptions, sick notes etc** – ongoing information available via website and patient packs.
- **Staff awareness to ensure these procedures are reinforced** – induction and ongoing training in place.
- **Develop stronger working relationships with other service providers, such as Pharmacies so that patients can be appropriately signposted** – this has been ongoing

through the Urgent Care Project, where the surgery has been contacting patients who attend A&E, as well as the QoF + where patients who attended A&E with chronic illnesses or where unscheduled admissions were reviewed by the surgery. This should all raise awareness around the services available as well as ongoing reinforcement from surgery staff through the use of the triage list. Our Nurse Practitioner, who started at the surgery in August 2012, has been key in helping develop this flexible system and offering advice and information to patients for self-management of conditions as well as maximising other services such as pharmacies.

- **Look into investing in a ‘patient pod’ which patients would be able to use to make appointments, order prescriptions, update their details etc** - this has been put on hold until the appointment system, telephones and website have been updated.
- **Develop text message reminder system for those who pre-book; ensuring patients’ details are up to date will be essential** – work has begun on this and patient information is being standardised and checked at the point they make contact with the surgery. The software has been purchased, but after discussion with the GP-IT Manager it was agreed that, due to Information Governance and Confidentiality, this would need a business plan put into place and agreed by the IT Team. This is moving forward and should be in place by the end of April 2013.

## **FURTHER ACTION AGREED on 22<sup>nd</sup> March 2013**

- Continue working on and improving the actions from 2012 – ALL STAFF ONGOING.
- Ensure patient television, telephone information, new patient packs and surgery leaflet are regularly updated – JH ¼ review (end of April 2013 onwards)
- Continuation of Patient Support Group to ensure a 360 degree approach is maintained. JH ¼ meetings.
- Complete business plan for text messaging service – JH END OF APRIL 2013
- Audit DNA rates at the surgery and ensure patients have a clear understanding of the DNA policy (supported by text-messaging and online systems) – MONTHLY UPDATES – APRIL 2013 onwards
- Overhaul website – JH – END OF MAY 2013
  - Include information on self help, options regarding urgent care, links to NHS choices on a variety of conditions and information to help patients stay informed and educated regarding their medical circumstances.
  - Clear information regarding the services the surgery offer and the best way to

- access what is on offer, updated information regarding DNA rates.
- Clear information regarding the telephone system, appointments and what can be arranged online.
- Utilise e-forms on the website to help capture patient information as well as enable the patients to be proactive in arranging their own health care, for example travel forms etc.
- Online prescription and appointment facility – enable patients to better manage their own health care.
- Ease of access to comments forms, complaints procedure and Patient Support Group information, so that the surgery can react to any positive or negative feedback and ensure this is monitored and actions taken as necessary.

## **TIMESCALE**

As above.

## **FIXTURES & FITTINGS**

Q 45 How do you rate the décor? 7% Excellent, 18% Very Good, 31% Good, 31% Fair, 7% Poor, 3% Very Poor.

Q 46 How do you rate overall cleanliness? 13% Excellent, 30% Very Good, 34% Good, 15% Fair, 4% Poor, 0% Very Poor

Q 47 How do you rate physical access? 20% Excellent, 32% Very Good, 35% Good, 7% Fair, 3% Poor, 1% Very Poor

Discussion – PFG are aware that there are plans to re-develop the surgery and therefore any major work will be undertaken in the context of the re-build... this is still ongoing and, as discussed, is dependant on the addition of a pharmacy, which will have to be in place by the middle of 2013 if the surgery is to use the 100 hour contact. It is noted that all the positive scores have reduced and the negative scores have slightly increased. At the time of the survey the surgery was undergoing some of the redecoration work in the clinical rooms and it was suggested that the survey was filled in before the patients saw the improvements!

#### **ACTION UNDERTAKEN FROM 2012 ACTION PLAN**

- **Front door – heavy door, difficult to open – to purchase inexpensive automatic door fitting –** this has not been achieved – JH applied for Capital Grant Money to purchase an automatic door but this was declined by the PCT due to the ongoing Notional Rent Appeal.
- **Patient call systems has been recently introduced – only one screen – waiting room seats face**

**both ways** – to purchase second screen – due to the price this suggestion was abandoned – awaiting re-fit of waiting room as per re-build.

- **Purchase of new clinical equipment** – new 24hr BP machine and 24hr ECG machine plus new software – agreed as part of the last action plan and ongoing work in 2012 that additional machines would help the surgery better manage and investigate possible conditions and that it was of benefit and convenient to the practice population to have these types of investigations carried out at the surgery. These items were purchased in 2012 and have been in constant use.
- **Toilets to be deep-cleaned on a regular basis and air fresheners to be purchased** – completed – painted and deep cleaned. In addition to this the surgery has redecorated and deep cleaned all of the clinical rooms and is planning to clean the carpets in April 2013.

#### **FURTHER ACTION AGREED on 22<sup>nd</sup> March 2013**

- Pharmacy to be trading by 9<sup>th</sup> May 2013 due to rejection of contract extension – final stages of negotiation with potential pharmacist – planning for a temporary pharmacy has been applied for. Final stages of re-build design by end March 2013 so that planning and building regulations can be applied for. Proposed Date for commencement of building works at the surgery is July 2013. Existing and draft plans attached. PARTNERS + JH – END OF 2013.

- Find temporary solution to front door – MP – END OF APRIL 2013
- Regular Maintenance Person (MP) has been employed by the surgery (6hrs a week + addition when required) – ongoing re-decoration, regular deep cleaning of all areas, ongoing external decoration as well as gardening and grounds. JH + MP – ONGOING.

## **TIMESCALE**

As above

## **OUTCOME**

**Overall the Patient Support Group felt that the above action plan will help to build on the improvements already made and those in the process of being established will help to ensure the surgery:**

- will better manage patient demand
- Increase understanding of how and what to access as well as better understanding of services offered.
- Increased access and improved understanding will enable patients to be better equipped to



manage their ongoing health needs.

- Provide a future proof building to accommodate the needs of our patient population