

Patient Satisfaction Survey March 2016 results April 16

Staff discussion and action plan 8.4.16

The patient survey was reported by CFEP UK Surveys.

A total of 83 report cards were completed by patients when attending Practice.

Scoring

The survey results were supplied to all staff members for discussion. The areas scored “poor” by patients were considered. These were: - Opening hours (1), waiting time (3), reminder systems (1).

1. Our reminder system is via text messaging and we know that occasionally this may fail to send but it is not a regular occurrence. We did however have a problem with this after the NHS made changes in September last year which resulted in no text messages being sent for several weeks. This caused a marked increase in DNA's which showed the value of text reminders. This has now been resolved and texts are working correctly. Without knowing who gave the score of “poor” it is difficult to know if their problem related to this period or if they felt we should have another reminder system. All staff agreed that text reminders was the only viable method of sending reminders even though they only reach people with mobile phones.
2. Opening hours were discussed as 1 person had marked these as “poor”. We have not had any comments from patients in the past regarding poor opening time. All staff felt that opening at 07.45 each day and having 3 late evenings was adequate to meet the needs of the majority of patients including those of working age. We discussed opening on Saturday mornings. We only stopped providing this service 2 years ago (after providing it for over 15 years) because of poor attendance. We did not feel that to reinstate them would be the best use of Practice resources.
3. Although only 3 people marked us “poor” for waiting times 10 marked us as “fair” and the spread across good, very good and excellent was very noticeable as were some of the comments made. All staff agreed that this was the single most common complaint from patients attending the Practice. Waiting times over the last 2 or 3 years have risen steeply. Patients understand that occasionally they may have to wait if the person in front of them has exceptional problems but this doesn't occur on a regular basis. Many patients take time out of work or arrange appointments between school/nursery drop offs and pick-ups. If we are running this seriously impinges on the patients' time and will cause complaints.

It was pointed out that although GP and nurse appointments are grouped together it is only the GP appointments that run over. However GP's have 10 minute appointments

and their surgeries are usually full whereas the nurse has 15 minutes per appointment along with some 15 minute catch up slots and her clinics are not always full. It is not a viable option to move to 15 minute appointments for GP's as this would drastically reduce the number of available appointments but we must however find a satisfactory solution to the problem.

Comments

We had some very positive comments from patients with the adverse ones mainly being about waiting times.

- 1 person said the music was too loud in reception, we do not have the music loud but it is set to a level that gives patients at the reception desk some privacy from being overheard by the entire waiting room. Everyone agreed this can't be changed also because we use the radio which gives most variety and interest for patients we cannot control the type of music played.
- We were asked for more female doctor time. Since Dr Bradford's retirement last year we have not always had locum cover by a female GP for all of her sessions, however now that Dr Ramshaw is in post for 3 days per week it should have addressed this problem.
- Privacy at the dispensary window was mentioned. We do have a reception interview room specifically for patients who wish to discuss things in private. All staff should be reminded to offer this to patients with more delicate problems, also we should put up a visible notice to make patients aware of this.

Action Plan

Audit GP surgeries and have a full meeting to discuss results within next 3 months. **MS to Action.**

1. Perform an audit of surgeries and appointments.

We should audit each GP's surgeries over a set period and look at the reasons why some patients are taking longer than others, maybe more intimate examinations are undertaken by the female GP etc. Also look at the length of time between patients to determine why this is sometimes longer than normal. Is it because GP's are dealing with routine admin tasks at an inappropriate time rather than urgent tasks such as admitting a patient to hospital etc.

2. Update notice board "You said, we did" to address the comments and display results to patients.
3. Put up new notices at reception and dispensary to make patients aware that they can ask to discuss thing privately in the reception interview room at any time.
4. Keep up with the good work that has resulted in an excellent survey overall. Well done to all staff. Thank you.