

Guidance template for discussion of local survey findings and action plan for 2011/2012 and 2012/2013

Completing this form will help you meet the requirements of the patient participation directed enhanced service (DES) for GMS contract (April 2011).
Please retain this form for future reference and to present to your PCT if required.

PART 1: 2011/2012

A. Discussion of local practice survey findings

1. Patient reference group (PRG) members present:

Elaine Jackson

Jeremy Kean

2. Practice staff (and designation) present:

ohn Williams (Senior Partner)

Ian Skipper (Manager)

Meeting held on 16th March 2012

3. Please state your key findings from this local survey – look at the report as a whole to include written patient comments in order to obtain a complete picture of performance (see guidance in the introduction of the report).

The survey seems to divide in two with 'administrative aspects' below average and 'clinical aspects' above average. This highlights what the practice is already aware of: the difficulties for the patients are at the reception / administration end of the practice: Telephones, appointments, seeing doctor of choice and continuity and prescription handling.

In these areas the practice is scoring below average.

Once with the doctors the patient satisfaction is above average. (This the practice was not aware of and is very gratifying to see).

Interestingly, 'opening hours satisfaction', a topic under permanent discussion both within the practice and outside, the practice is exactly on national average and this has not significantly over the 6 years this survey has been held.

4. Which responses were most positive?

The clinical aspects. Most notably 'time for visit', 'consideration' and 'reassurance'.

5. Which responses were least positive?

Seeing a doctor of choice and associated continuity of care.

Prescription delays

Telephone access

6. In which areas did you deviate most from the national benchmark? Can you explain why this might be?

Practitioner access: GP of choice, 48 hour access (These probably go hand in hand), and telephone access to GP.

7. What are the main priorities identified by the PRG?

In discussion, despite many negative comments about parking, it was agreed that that aspect is out-with practice control. Concentrate on those aspects we can influence.

Questions 2-8 were highlighted for attention.

Does question 2 present an example of where perception exists of deficiencies in call answering, against demonstrable improvement in call answering times from in practice records, or; is this question being answered by respondents as a call for for more telephone access directly with the GP. This latter issue is currently being looked at by the practice, and has been an issue on the practice agenda for consideration, from before this survey.

In discussion with the PRG over this aspect, the conversation widened from discussion around how to offer guidance to patients about how to get the best use from telephoning the practice (when to call for what issues), to how to get the most from the appointment (lists of multiple issues and the time available).

In this respect, discussed also was the possibility of having call waiting times indicated at the point of calling as well as an indication of appointment waiting times at the point of registering at the practice for the appointment (electronic signing in).

At the last meeting of the PRG (6th March 2012) the issue surrounding prescriptions had already been raised and the participation of the PRG welcomed to both learn of the scale of prescriptions issued as well as to act as a 'new pair of eyes' on our processes.

It was agreed that, in the light of the survey finding, that the invitation to the PRG to observe prescription related office processes could also usefully be extended to observe and assess receptionist and appointment making activity.

8. What are the main priorities identified by practice staff?

Appointments.

Repeat prescriptions.

Telephone response and access.

B. Action plan: 2011/2012

Which areas did you mutually agree as priorities for action and intervention? Please complete the table below.

Priority for action	Proposed changes	Who needs to be involved?	What is an achievable time frame?
appointment system (Questions 4 and 5)	nil defined at this stage. Initially an understanding of the problem is needed.	PRG, initially to act as an independent observer, and then input to the forums already working within the practice to improve this area of weakness	This is a priority piece of work but realistically it takes time. Looking at start of change in 3 months ongoing over 12 months.
Waiting time (Question 8)	nil defined at this stage. Initially an understanding of the problem is needed.	PRG, Partners, Practice Manager	same comments as per above.
waiting room (Question 7)	tidy up, rearrange. Notice boards.	PRG and office manager along with reception staff.	6 months

Does your PCT (or similar body) need to be contacted?

(This would only be the case if a practice proposes significant change and PRG agreement has not been obtained. Changes which impact on contractual arrangements also need to be agreed with the PCT).

Your details

Name: John Williams

Practice address: The Health Centre, 10 Gresham Road, Oxted, RH8 0BQ

Job title: Senior partner

Practice name: Oxted Health Centre PCT (or similar body name): Surrey PCT

Your signature:

PART 2: 2012/2013

(To be completed after completion of second survey)

A. Discussion of local practice survey findings

1. Patient reference group (PRG) members present:

Meeting date: 27th March 2013.

David Borer (Chairman)

Jeremy Kean

Teresa Rose

Julia Ludbrook

Elaine Jackson

2. Practice staff (and designation) present:

Dr. J.S. Williams GP on behalf of practice after partnership meeting discussions on Tuesday 26/03/13 comprising Drs. Williams, Jones, Sathananthan, Green and Khan (Drs. Morley and Hill being on annual leave) and Mr. Ian Skipper, manager.

3. What activities have you undertaken to address issues raised by your last survey which were deemed as priority by your PRG and your practice staff?

Patient experience issue	What has been done to address this?
Waiting room	PRG carried out a survey. Re-arrangements were made to waiting room with the PRG one evening. Recommendation to install a further touch screen was made and this has now arrived and will shortly be installed.
Appointment system	A number of circumstances beyond the practices control around sickness absence and resignation of key staff, coupled with long term maternity leave through 2012 for two key doctors and then their subsequent resignation have meant that we have been unable to address this issue adequately.
Waiting time	A number of circumstances beyond the practices control around sickness absence and resignation of key staff, coupled with long term maternity leave through 2012 for two key doctors and then their subsequent resignation have meant that we have been unable to address this issue adequately.

However, for both the 'appointment system' and 'waiting time', work has been in progress to change the working contract for some doctors to expand their role in seeing more appointments. The number of doctor sessions will increase with an increase in associate doctor sessions and, in the near future an additional part time partner will hopefully be appointed, further increasing doctor appointments.

A further complicating factor in our attempts to address these issues was the compelling need to change our computer system which we did in December 2012. This was essential because the provider withdrew from the market and so no support for or further development of the system we used was available.

4. Do the results of this survey reflect these activities? (Please look at the report as a whole to fully determine this).

No. They reflect the difficult circumstances which prevailed last year with staffing across all sections of the practice, and computer changes which are now coming to resolution, but not in time to significantly alter perception in this survey.

5. In which areas have you seen most change?

Last survey (2011/2012)	This survey (2012/2013)
	Telephone dissatisfaction

6. What are the main priorities identified by the PRG?

Telephone access and systems; Appointment system. Exploration of patients perceptions and wishes. Staff training wrt customer focus. Waiting room issue to remain under discussion.

7. What are the main priorities identified by practice staff?

Telephone systems and usage.

B. Action plan: 2012/2013

Which areas did you mutually agree as priorities for action and intervention? Please complete the table below.

Priority for action	Proposed changes	Who needs to be involved?	What is an achievable time frame?
Telephones	looking for new system to be installed. training issues	PRG and Practice manager to liaise	12+ months
Appointments	Nothing specific agreed but to look at possible options around variable appointment lengths and explore patient expectations against deliverability.	PRG and practice managers	12+ months
Staff training	understand current training regimes and see how can be improved	PRG with Managers	12 months
Waiting room	Ongoing monitoring of situation in light of possible room use changes in future	PRG and Practice through PRG meetings	ongoing

Does your PCT (or similar body) need to be contacted?

(This would only be the case if a practice proposes significant change and PRG agreement has not been obtained. Changes which impact on contractual arrangements also need to be agreed with the PCT).

Your details

Name: **John Williams**

Practice address:

The Health Centre, 10 Gresham Road, Oxted, RH8 0BQ

Job title: **Senior partner**

Practice name: **Oxted Health Centre PCT (or similar body name): Surrey PCT**

Your signature: