

**Elm Hayes Surgery**

**Access to Appointments Patient Survey –  
Urgent Care LES  
Action Plan 2013**

The results of our Primary Care Foundation Survey have now been received (copy attached). Our action plan is as follows:-

	<b>ACTION</b>	<b>BY WHEN</b>	<b>COMPLETED</b>
<b>ACTION PLAN</b>			
<ul style="list-style-type: none"> <li><i>The analysis of the availability of appointments during a recent week highlights that the consultation rate in our practice was 6.22 – close to the national average. (5.8 weighted for age and sex of population)</i></li> </ul> <p><b>Although we are only just above consultation rates for the national average, we have an ever increasing list size due to the recent new developments in the village of Paulton. We are managing this by increasing by 3 further GP sessions by April 2013.</b></p>	<i>practice</i>	<b>31.3.2013</b>	<p><b>Locum to cover sessions until 1.9.2012. Practice has now received formal approval to recruit GP Retainer into post by 1.9.2013</b></p>
<ul style="list-style-type: none"> <li><i>Appointments</i></li> </ul> <p><i>The balance between same day and advanced appointments is below the suggested split (what is the suggested split?)</i></p> <p><b>Although this survey shows the above, we based this on an average of 13 same day appointments (am) and 6 (pm). We currently operate a joint “on day” surgery with a GP and</b></p>			<p><b>1.3.2013 average for Feb remained at this level.</b></p>

<p>a Minor Illness Nurse who actually see as many patients as necessary.</p> <p>This is constantly reviewed at clinical team meetings and a recent audit shows that on average 16 requests for same day appointments has remained stable for the last 3 years.</p>	<p><i>ST Practice Manager</i></p>	<p><i>Ongoing review monthly</i></p>													
<ul style="list-style-type: none"> <li><i>Staffing</i></li> </ul> <p><i>The survey results show that we have insufficient staff to answer telephones for most of the week based on the average call length of 89 seconds.</i></p> <p>We have now recruited a trainee receptionist who is full-time and is being trained in all aspects of reception work. This has allowed us to change our receptionists shifts to ensure that we have increased our telephone answering capacity. We have also incorporated our reception manager, practice administrator and practice manager and front desk receptionist into the reception telephone group. In effect this has meant that our telephone answering capacity has increased as follows:-</p> <table border="1" data-bbox="152 991 1115 1114"> <thead> <tr> <th colspan="2">Telephonists (sole duty)</th> <th colspan="2">Telephonists (other duties)</th> </tr> </thead> <tbody> <tr> <td>8am-2pm</td> <td>3</td> <td>8am-2pm</td> <td>2</td> </tr> <tr> <td>2pm-6pm</td> <td>2</td> <td>2pm-6pm</td> <td>2</td> </tr> </tbody> </table> <p>We will utilise our telephone monitoring software on a weekly basis to continue to ensure that we are answering at least 95% of our telephone calls within 7 seconds.</p>	Telephonists (sole duty)		Telephonists (other duties)		8am-2pm	3	8am-2pm	2	2pm-6pm	2	2pm-6pm	2	<p><i>Reception Manager</i></p>	<p><i>Ongoing reviewed monthly</i></p>	<p><i>Completed Monthly telephone monitoring for Feb revealed we continue to answer at least 95% of calls within 7 seconds.</i></p>
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8am-2pm	3	8am-2pm	2												
2pm-6pm	2	2pm-6pm	2												
<ul style="list-style-type: none"> <li><i>Home Visits</i></li> </ul>			<p><i>Completed see "action"</i></p>												

***Requests for home visits are reviewed at the end of morning surgery and shared among the doctors and the duty doctor has time to visit patients within an hour and a half when needed.***

**All non-urgent visits (i.e. routine follow-ups and routine nursing home visits are reviewed at the end of the morning surgery). All other visit requests are dealt with as follows:-**

- **Call is received from patient/carer**
- **Receptionist ask for brief details of the problem**
- **Receptionist follow "reception triage protocol for home visit requests"**
- **If visit is deemed urgent patient's name is placed on emergency "on day" list for a telephone call back**
- **GP or Nurse then calls the patient/carer to triage further and ascertain whether a visit is required immediately or can wait until end of morning surgery**
- **If visit is immediate GP will attend straight away and Nurse will continue to run emergency surgery with other GPs assisting at the end of their routine appointments.**
- **If visit is triaged as non-urgent (ie not likely to require admission) GP will visit at the end of morning surgery**

- ***Book time and last same day appointment***

**We offer a variety of appointments, same day face to face appointments, nurse triage, same day telephone calls, pre-bookable face to face appointments, pre-bookable telephone calls, and also embargo appointments for release**

<p>at 24 hour and 48 hour intervals. We modify this depending on workload and use this system to manage our appointment demand over holiday periods.</p>			
<ul style="list-style-type: none"> <li><i>The Popular Doctor</i></li> </ul> <p><i>The survey results show that we have some doctors who are much more popular than others.</i></p> <p>To review rates by individual doctors by setting up and running an EMIS Web search on review rates by individual GPs and discuss results at clinical team meeting.</p> <p>We plan to publicise to patients via our surgery notice boards, Jayex boards, practice newsletter, practice website and new patient leaflets that patients are able to see any Doctor of their choice and not specifically the Doctor that they are registered with.</p>	<p><i>ST – Practice Manager</i></p> <p><i>ST – Practice Manager</i></p>	<p><i>By 31.3.2013</i></p> <p><i>By 31.3.2013</i></p>	<p><i>Completed – discussed at clinical meeting Feb 2013 see minutes attached.</i></p> <p><i>Completed</i></p>
<ul style="list-style-type: none"> <li><i>Reception Survey</i></li> </ul> <p>5 receptionists completed the reception survey. The results of this on the whole were very good with all receptionists providing the same response to the majority of questions.</p> <p>Plan – to discuss at next reception team meeting 27.2.2013 to review quiz and highlight areas and provide further training to staff where we are not giving a uniform response.</p>	<p>RJ – Reception Manager</p>	<p>By 31.3.2013</p>	<p><i>Completed</i></p>
<ul style="list-style-type: none"> <li><i>DNA Rates</i></li> </ul> <p>We do not have a specific problem with DNAs. We operate a text reminder service and run a monthly DNA report which identifies any frequent non-attenders who are then sent a letter regarding DNAs.</p>			