

# **Stoke Rd Patients Participation Group**

## **Action Plan for 2012 following the Patient Questionnaire Survey**

### **Sub- committee**

Paul Holliday (PH) – Chairman

Peter Badham (PB)

Mike Otter (MO)

Doreen Dyer (DD)

**Approved by the full committee meeting on Thursday 31<sup>st</sup> June 2012.**

### **1) ACCESS TO A DOCTOR**

a) Access to surgery/services:- Practice Manager LP informed PH prior to the meeting, that the new IT system will take a few weeks to install. The current system does provide an indication of how many patients are waiting. Long term, the practice will continue to investigate provision of an approximate waiting time at check in. **Action LP**

b) Surgery nursing staff are currently undergoing training on administering a Triage system. Triage will hopefully help to improve access to both doctors and nurses. **Action LP**

### **2) APPOINTMENT SYSTEM AND PERSONELL**

The sub-committee suggests a new system of appointments for consideration by surgery staff.

a) Patients given appointments to see any doctor within 48 hours.

b) The practice to examine appointment stream options designed to improve access both to any doctor, a doctor of choice, or a nurse, as it is appropriate.

c) Best Practice comparisons will be sought from other practices.

**Action LP and Practitioners**

### **3) WAITING ROOM**

The sub-committee suggested a “makeover” of the waiting room.

- a) Gallery photos of surgery staff (“Who is who”) displayed on the TV screen
- b) TV screen content to be more flexible, and certainly more engaging.
- c) More current magazines, with less dated and crumpled glossy paper.
- d) Less clinical seating arrangements.
- e) Cleeve Sixth Form Pupils to be invited to provide innovative advice.
- f) Practice Manager to research vending machines.

**Action LP and PH**

### **4) TELEPHONE ACCESS FOR APPOINTMENTS**

a) PH informed sub-committee, that according to LP, there are 10 telephone lines and normally no more than 3 or 4 patients would be waiting to get through. The sub-committee was agreed, that the current phone system is un-businesslike. Action Group recommends a “Call Information” detailing queue time be researched. Action Group expressed concern that there is possibly some desensitisation in dealing with patients.

**Action LP**

#### **b) Personnel**

The Action Group recommends that if it is at all possible, surgery could consider deploying staff strategically, to meet demand at peak times.

### **5) EXTERNAL CONSULTATION.**

The sub-committee looks forward to the recommendations of the external consultants, and to working with the surgery staff and NHS Glos. The Practice has invited the Chairman and Vice Chairman to attend a meeting in July with the consultants. The purpose of this is to examine the recent patient survey findings. In this way, the PPG will be actively involved with the implementation of any improvement proposals.

**Action PH and PB**