Elm Lodge Surgery Patient Feedback Group
Wednesday 20 March 2013
2 pm – 3.45 pm

Those present: Pam Cooper(Locality rep), BW(f), PM(f), JC(f), IO (m), MC (m), GF (f), BS (m) Peter Hall (Practice Manager), Isla Fitchie (Surgery)

1. Welcome
2. Look at survey
3. Our proposed action plan
4. Improving health services in Dulwich & surrounding areas: consultation

1. Welcome

Peter thanked everyone who did the survey and for attending this meeting. More survey completed than last year - 220! It was a long survey and we really appreciated their efforts. Peter also thanked Isla for all her work assisting hoim in collating the results and comments

Peter also noted that the whole exercise was against a backdrop of funding cuts.

Copies of the survey and summary of comments were circulated.

2. The survey

There were good scores for the doctors and especially the nurses. We felt that our nurses probably got some of the best scores in Southwark! The practice overall had excellent and very good scores of 73.5%. This was about 10% lower than last year which gave some cause for concern. Each was about 5% lower and good was higher by about the same combined percentage.

Isla & Peter had spent hours working through the comments and survey & our interpretation of the main priorities were as follows:

- **Phone access**: there was some improvement on last year but we know from day-today and the comments that this is still an areas of concern

- **Waiting time in the surgery**: 7% felt this was poor & 20% very poor. 20% fair. Biggest problem seemed to be waits of over half hour.

- **Continuity of care**: Peter stressed the doctors liked this too but it presenteds significant problems in the light of the other issues we were dealing with.ig problems

- **Opening times**: 10% less happy than last year - - Sat, before 8 am & after 6: 30 – NB 1 to 4 pm and 4 to 6 not that popular

- **Being able to book in advance**: Nearly 70% felt this was very important over a third of respondents found it difficult

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Booking appointments in advance: was a priority we looked at last year last year. This year's survey showed similar results so we do not appear to have made progress. With regard to this, we hoped last year to increase appointment numbers. However, Dr Chawdhery left (with our support) to be senior partner at Lordship Lane, we have had staff sickness and, against a background of cuts, we felt we were not in a position to employ a new doctor. Peter did say though that we have now been able to address this and, from 8 April, a nurse practitioner is starting with us.

Peter also notes in the communication section that 48% wanted to be able to phone. Peter would be noting this in developing our communication strategy. 45% also wanted us to contact you by phone, but this did give us some issues relating to ensuring effectiveness of communication. It was noted that 28% wanted email contact (& 20% to be contacted by email)

The baby clinic was raised as an area of concern and comments were made regarding appointments and a possible appointment system:

Some patients also raised queries and concerns regarding home visits

3. Our proposed action plan & discussion

Phone access:

Peter put forward two proposals

- to purchase a call queuing system if funds are provided. The cuts to the surgery meant this would not be possible without central assistance
- Develop use of the online booking system but not too far so that non-internet users are excluded. This is based on previous discussions in the group. Earlier and later appointments will be set aside for internet users aiming for those who find it difficult to get to the surgery .

Waiting time in the surgery

Peter explained we are unsure how to proceed on this. In some ways this is an easy problem to address by saying that only one problem is addressed in each consultation. We found that this does not work that well. Comments were made that people have symptoms rather than problems and don't know what is important.

Peter said that our preferred approach was to work on this as a partnership between surgery and patients.

There is the possibility of saying that patients should come back later to discuss more than one problem. For example a visit to the dentist often involves two visits for treatment. However, the point was made that busy people don't want to come back. How should this be dealt with?:

Receptionists could enquire about patient's presenting problem (group felt that patient's be comfortable informing receptionist of problem) and assess who they

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should be seen by (nurse/doctor) and whether they may need more than one appointment to ensure that patients are always given the right sort of appointment.

On the online booking system, a general statement, 'it would be much appreciated if patients would be willing to request afternoon appointments if problems are not urgent', could be issued to encourage flexibility.

On the online system, before booking patients should use an directory which could guide them to the appropriate choice of clinician depending on their presenting condition or issue (e.g. nurse practioner, doctor, nurse). E.g. if they need a review appointment for repeat prescription they could see nurse practitioner not GP.

It was thought that perhaps the doctors could begin by saying that probably it will be only possible to discuss at most two problems and that if a patient had more it would probably be necessary to rebook.

Peter said one proposal was using materials to be made available to patients both online and discussing how to best use the appointments. This had been piloted with diabetes patients.

The group felt that patients waiting for appointments would be far less frustrated if they knew the time that they could expect to wait for. Suggestions for ways to do this were:

- Receptionists could issue general announcements giving updates of the waiting time for each GP.
- Receptionists could tell patients on arrival how many pts before them.
- Tea/coffee in the waiting room.

Peter said we would probably not be able to provide tea/coffee at the moment, due to cost but also that it often led to untidiness. There was also discussion about whether the surgery could have an electronic board showing how late the doctor is running. The example of live buses or the trainline was given. People felt it was easier to wait if they were made aware of the problem. Peter said there were again cost implications and our doctors have always wanted to personally greet patients rather than have a board calling them in. Also Peter felt there were confidentiality issues about peoples' names being shown.

Peter is going to investigate whether there is any way the existing check-in software can be adapted in this way and also see what other technology is available.

It was also asked whether extra catch-up appointment slots could be inserted to allow GPs to catch up time, but Peter said we already had these.

Continuity of care

This is an area which, although important, we feel we have to put to one side pending addressing the other problems stressed.

Opening times:

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We are not proposing to extend the hours at the moment. We are limited by being a smaller surgery. The comment was also made with the survey that they did not want to see the services extended if it meant a lessening of the quality of care. The outside demands of our doctors including distance of travel and family commitments made it difficult to extend the current hours.

We are also going to look at possible ways which we can improve access by using information technology solutions

It will also be discussed with the doctors whether they can offer some extended hours. However we had a nurse practitioner starting on 8 April and we hoped that this would enable us to provide some earlier and later appointments within the current hours.

It was suggested that receptionists could inform all patients who telephone in the morning requesting appointment slots that there is greater availability in the afternoon, and that it would be much appreciated if they could take their appointment then.

A further suggestion was that receptionists could encourage patients to be flexible if their problem is not urgent.

The group wondered how the GPs felt about appointment times, and whether they felt as though the pts were given too little/enough time. Peter is to ask, but he generally thought they did feel that patients had enough time.

Booking appointments in advance:

The nurse practitioner will hopefully help this. There was some discussion about the role of a nurse practitioner. It was thought it would be helpful if a list was made of what services she would provide, a "menu".

Also the development of the online booking will help.

Email contact

We want to develop (after April after our current email is replaced) further the possibility for patients to send letters by email. We are unsure whether we can extend to email consultations due to resource issues.

Baby clinic:

We are going to review with our new Health Visitor how the clinic works.

Home visits

We are already going to review this as a surgery in April/May

Health checks

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We are beginning older person's health checks and also will continue to offer the 40 to 75 year old cardiovascular checks.

New services

The group expressed much interest in specialist clinics – esp podiatry (one member said she had taken this suggestion to the commissioning board) and mental health support group

Peter confirmed the surgery is always looking to provide more clinics and will take advantage of offers made. We are not planning to have a toenail cutting service at the moment until we can guarantee its quality. The first person involved was well qualified but the replacement provided by Age UK was not thought right for the surgery.

It was asked whether we can we offer more blood tests. This was possibly a service which we may not be able to continue to provide. At the moment we aim to provide this for older patients but it is an area at risk with regard to funding cuts. Concern was expressed at this, but Peter said it was not something we wanted to do, but we might just be forced to go in this direction.

It was suggested that receptionists advise patients on which times are best to go to Dulwich bloods, e.g. better to go in afternoon as no queue etc. Patients would be better prepared and happier to go.

It was suggested that all test results be reported back to patients and that patients should be advised on how long the results would take to come back, when to call surgery for them. Peter explained that it would be difficult to do this due to the number of results requested. Also, there was a mixed response, some seemed to feel that they were happy to hear nothing if nothing abnormal in results).

To conclude this section Peter asked whether the group were happy with the proposals. No objections were raised and Peter asked if people speak to him after if anyone had further thoughts and wished to query any of the proposals.

4.Improving health services in Dulwich & surrounding areas: consultation

Copies of the consultation booklet were distributed. Pam Cooper presented on this and introduced group to what these services were and the group encouraged to take copy of information booklet. The public meetings regarding the consultation were publicised. Rebecca Scott the project director will be attending on 9 May to make a fuller presentation to us.

The question of what the surrounding areas were mentioned on the front of the booklet was noted. This had been a subject of discussion in the steering group. It was noted that Dulwich itself was well provided for but this was a focus on the surrounding areas as well.

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Also the importance of patients going to public meetings re services was stressed. It was important for service providers to take onboard complaints and comments, as they can act as guidelines for the future

There was some discussion of the problems experienced by secondary care a t the moment against the backdrop of funding cuts.

Peter thanked everyone for attending and again for their support. There was further informal discussion after the meeting closed regarding services locally