



The Exchange Surgery

*Gracefield Gardens Health and Social Care Centre
2-8 Gracefield Gardens Streatham, London, SW16 2ST*

Tel: 020 3049 4888 Fax: 020 3049 4889

www.theexchangesurgery.com

Patient Survey Report Spring 2014

We invited the original group of Patients from last year's PPG to become part of a Virtual Forum once again this year and also sent text messages to all out patients inviting them to join in the autumn of 2013.

As a result of the number of complaints/comments across the year relating to the appointment system it was felt that this was the area that the patient survey needed to focus on to ensure that any further changes made were in line with patient preferences.

The Business Manager drafted some possible survey questions and sent them to the forum for comment. Once the survey was amended to take these comments into account the URL was texted to all patients and was put on flyers in the surgery.

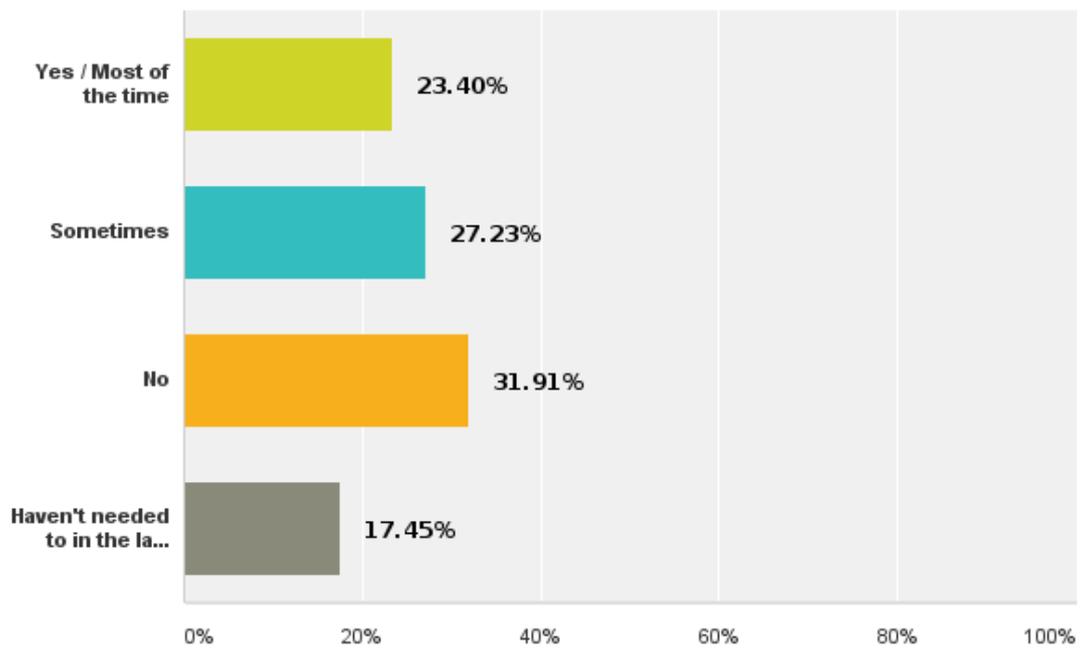
We received 235 responses to the survey. The analysis report and action plan are listed below.

Appointment System Survey Analysis

This report will go through each question in turn and show the results, the analysis and any actions relating to it. There is then a full action plan at the end.

Q1 If you have tried to make a same-day appointment in the last 6 months have you been able to do so?

Answered: 235 Skipped: 0



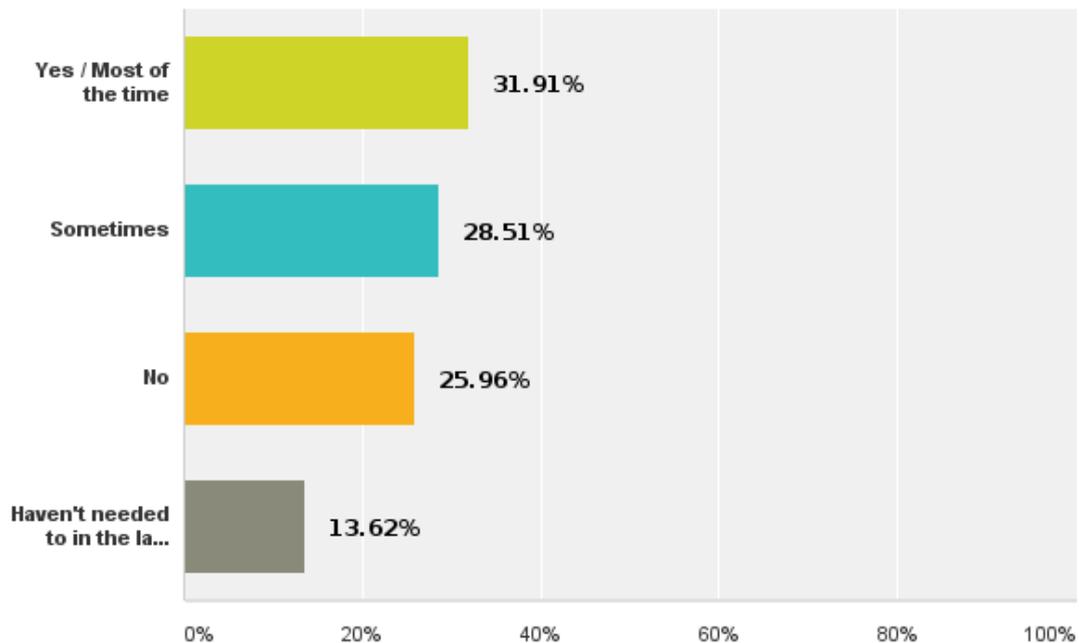
This shows that we probably haven't had quite enough same-day appointments available as 31.9% of patients feel that they haven't been able to make a same-day appointment when they have needed to.

Action

Increase the number of same-day appointments to ensure there should be greater access.

Q2 If you have tried to book an appointment in advance in the last 6 months have you been able to do so?

Answered: 235 Skipped: 0



The Practice has a finite total number of appointments available because of the funding levels. Therefore it is not possible to increase the number of appointments overall, only to adjust the way the appointments are structured and released to try to ensure the majority of patients are able to book an appointment when they wish to do so.

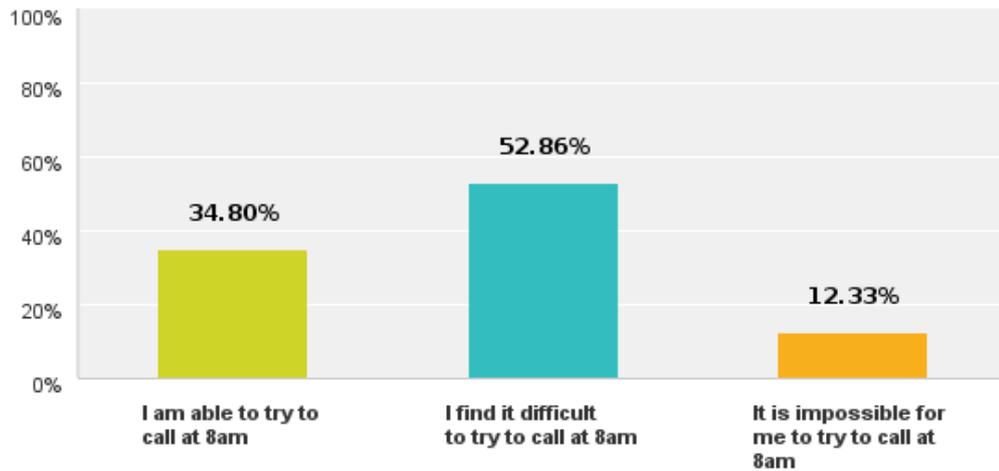
The response to question 2 shows that only 26% of patients haven't been able to book an advance appointment when they have tried to do so where as 32% of patients couldn't book a same-day appointment when they tried to do so. Therefore it is more important to increase the number of same-day appointments even if this means there will not be any more advance bookable appointments available.

Action

Look at changing the way the advance bookable appointments are released from the responses to later question to try and make it easier for patients to make appointments even if it is not possible to increase overall capacity.

Q3 Do you find it difficult to try to phone at 8am? Do you have other commitments that mean that you can't call at 8am?

Answered: 227 Skipped: 8



The response to this questions shows that although only a small percentage find it impossible to call at 8am a majority find it difficult therefore we need to look at moving the majority of the phone traffic away from 8am.

Morning same-day appointments will still need to be released at 8am as this is the time the surgery opens and people need to be booked in asap to be able to come in for a morning appointment. However advance and afternoon appointments can be released later in the day.

Action

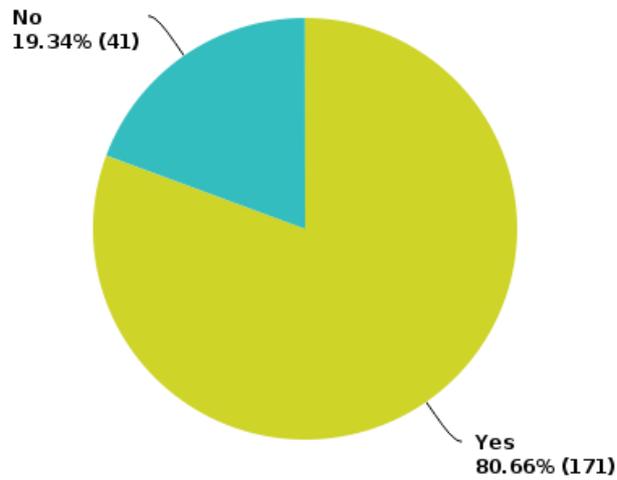
To look at changing the time that appointments are released to later in the day to avoid patients having to call at 8am. Further questions will help pinpoint when this should be.

Q4

Do you think it would be better to release advance bookable appointments later in the day?

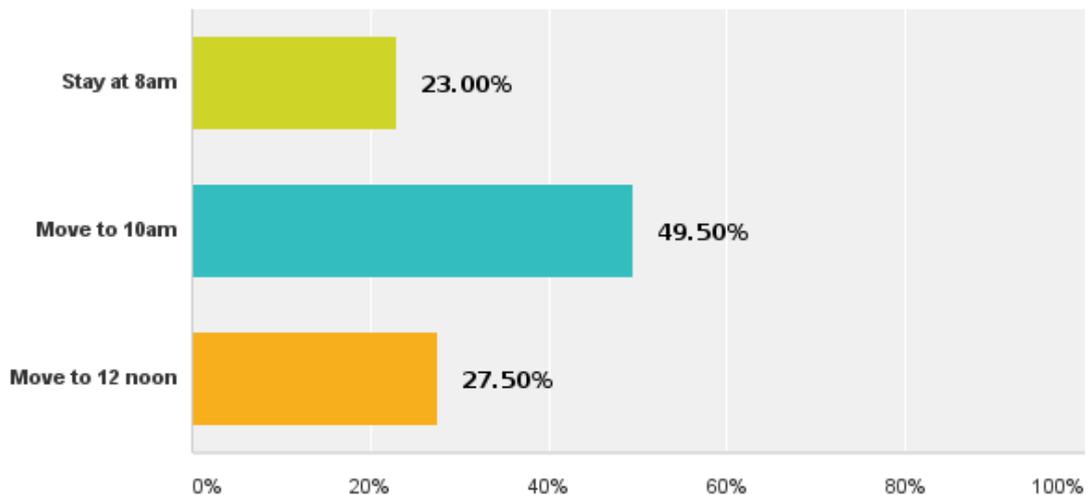
Q4 Do you think this would be better?

Answered: 212 Skipped: 23



Q5 If you think it would be better to delay the time routine appointments are released to later in the morning what time do you think would be good?

Answered: 200 Skipped: 35



From these results a large majority of patient think it would be better to move the release of routine appointment to being later in the day.

Out of the options given 10am was the most popular time to release advance bookable appointments.

Action

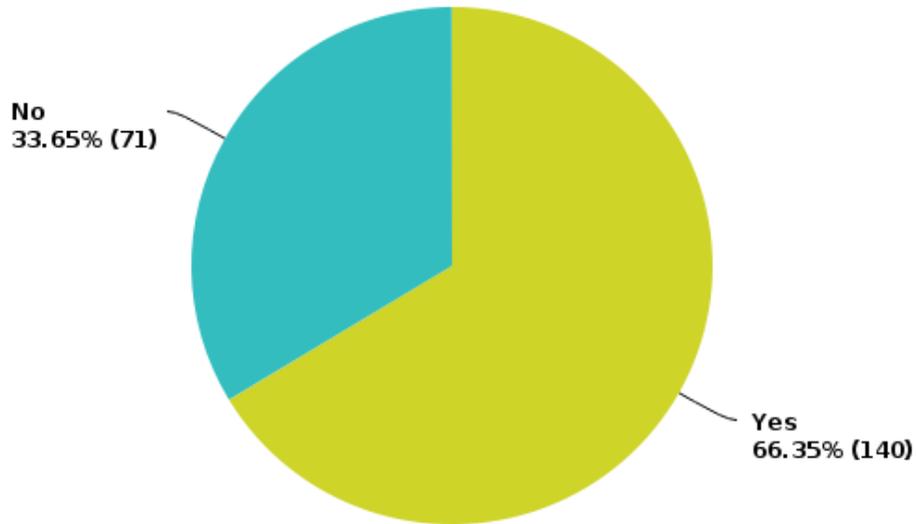
Change the release time of advance bookable appointments from 8am to 10am.

Q6

Would it be better for you if same day appointments were split into morning appointments released at 8am and afternoon appointments released at 12 noon?

Q6 Would this be better for you?

Answered: 211 Skipped: 24



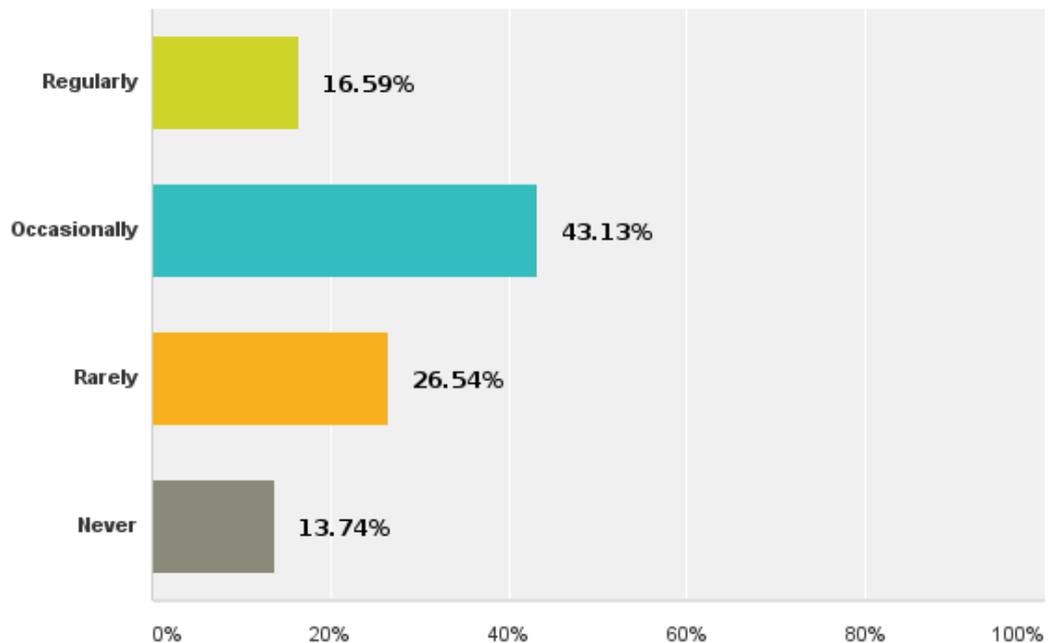
From this data a majority of patient would prefer for same-day appointments to be split into morning appointments released at 8am and afternoon/evening appointments released at 12 noon.

Action

Divide the same-day appointments up into am and pm and release the pm ones at 12 noon.

Q7 Do you often need to book an appointment further in advance than one week?

Answered: 211 Skipped: 24



From the data only 16.6% of patients regularly need to book appointments further ahead than one week.

Currently the booking system only allows patients to book up to 1 week in advance.

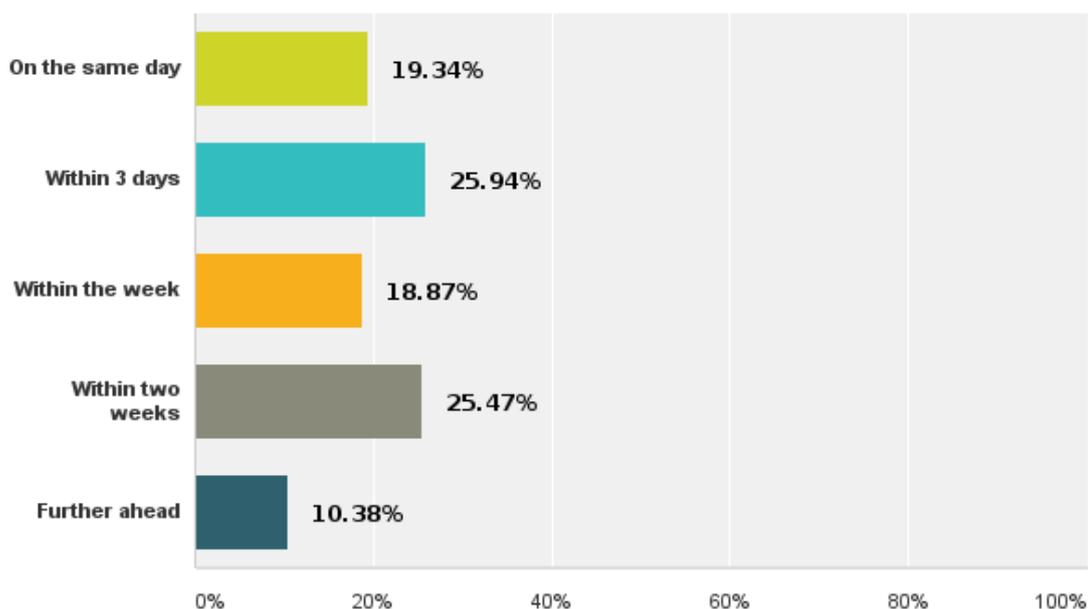
There will be a number of changes to the appointment system as a result of this survey. Changing the maximum distance appointments can be booked as well is probably not necessary as only a minority want it.

Action

Leave appointments as max one week ahead but look at groups of patients who may need to book further ahead than this and create a list of exclusions.

Q8 How far ahead would you normally want to book an appointment?

Answered: 212 Skipped: 23



From this data around 35.9% of patient would normally want to book further than one week ahead. This gives similar feedback to question 7.

This is a minority that feel they normally need to book further ahead therefore, it has been decided not to extend the limit.

(64.15% normally want to book within the week)

There are a number of reasons for this as well as the survey data.

Communicating changes in the appointment system is always difficult and it not always effective. If the length of time is extended then it is likely that patients wanting to book advance appointment will still phone a week ahead expecting appointments to be released. If they are released further ahead they will already be booked up. This is likely to lead to complaints.

Therefore it is felt that this may be too many changes as once and instead it should be reviewed in another survey in 3 or 6 months' time and re-look at whether patient opinion has changed.

Action

Relook at the question on 3 or 6 months' time after the other suggested changes have been implemented and see if this has changed patient opinion and then reconsider it.

Q9 General Suggestions

We also asked for general suggestions regarding the appointments system.

There were a number of themes

(If the comments have been covered by the survey questions they have not been entered here, also any comments which too specific to apply to all patients have not been covered.)

Responses to these queries and suggestions have been given

Response		
Ability to book appointments when coming in	II	<p>Hopefully the changes we are making will mean that it is easier to book an appointment. However we are unlikely to ever be able to provide enough appointments to meet the ever increasing demand as patients expectations are always growing. Therefore if you do come in or all too late in the day it is unlikely that any appointments will be left to book, unless you are lucky and someone has just cancelled something.</p> <p>The same appointments are available when coming into the surgery, phoning the surgery or booking online. The advantage of coming in in person is to avoid the possibility of having to call repeatedly to get through.</p>
Not understanding why all appointments are not released at the same time.	IIII	<p>In the surgery we don't release all appointments at the same time. This is to try to ensure that if you have an issue that needs to be dealt with you can book an appointment that it soon enough that the problem will not get worse before you are seen.</p> <p>If we only have two types of appointments (same-day and ones released 1 week ahead) then if you can't come in that day then you have to wait a week to be seen – which may be too long.</p> <p>However, we currently have appointments that are released each morning</p> <ul style="list-style-type: none">• For that morning– for things that are urgent and need to be dealt with that day.

		<ul style="list-style-type: none"> • For that afternoon – for urgent issues but when you aren't available in the morning • For the next day – if it is something you would prefer to resolve quickly but doesn't need to be that day – or you aren't available that day. • There will also sometimes be appointments for 48hrs away, 72hrs away and 4 days away if all out doctors are in that week. • Then the advance appointments for 1 week ahead for issues that don't need to be dealt with quickly or for when you need a specific doctor or specific time of day. <p>We are aware that staggering the release of appointments doesn't increase the total number. However, it should mean that if you follow the appointments system and call at the time of day when appointments are released that you can get an appointment that suits your needs at that time.</p>
<p>Why is the maximum advance booking of appointments 1 week ahead</p>	<p>IIII II</p>	<p>We found that when we booked appointments 6 weeks in advance all of these appointments were booked up. Patients then had to either keep phoning to try and get a same-day appointment or wait over 6 weeks to be seen.</p> <p>Very few issues can wait 6 weeks, generally one of two things happen.</p> <ul style="list-style-type: none"> • You get worse – and the treatment of the condition may need to be more severe than may otherwise have been necessary. • You get better – and you either waste both your and the doctors time coming in for something that has resolved its self. Or patients forget that they booked the appointment because it was so long ago and it's needed any more and they DNA. <p>However, if appointments are released every morning for 1 week away and also within the same week then the majority of patients should be able to be seen within 7 days. Occasionally patients may need to call a few days running to get an appointment that is convenient to them but they would still be seen within 2 weeks.</p> <p>Patients needing routine follow-up appointments are longer intervals can either book the appointment through the doctor at their initial appointment. Or plan to call one week before they need to come back for follow-up for their appointment</p>
<p>Difficult to get evening appointments</p>	<p>IIII</p>	<p>We are open until 8pm 3 nights a week. The doctor's last appointment will be 7:10. In a week when all our evening doctors are working (i.e not one on annual leave or</p>

		<p>study leave) we would have 25 appointments at 6pm or after.</p> <p>The majority of these are released a week ahead, they are very popular and therefore get booked a week ahead.</p> <p>We understand that working patients would prefer not to need to leave work early to attend the doctors. However, we are also required to be open from 8am each morning and are not able to provide any more late appointments than this as doctors cannot start at 8am and work to 8pm and still be clinically safe.</p> <p>We are, however, open at 8am 5 days a week and have a lot more appointments between 8am-9am than in the evening if it is possible for you to have an appointment first thing rather than last thing.</p>
Walk-in appointments	II	<p>We do not provide a walk-in service for same-day appointments.</p> <p>As a reasonably small surgery it is not possible to manage the unpredictable nature of running a walk-in service.</p> <p>Each doctor only has a finite capacity to see a fixed number of patients within their surgeries. If they see too many patients then they are not able to provide the level of care necessary by the end of the surgery.</p> <p>We currently have bookable same-day appointments – this means that we can book patients into surgeries and patients shouldn't have to wait too long to be seen and doctors don't have to see more patients than they can cope with.</p> <p>We try to ensure that we have enough capacity for same-day appointments so that the majority of patients who call with an urgent issue can be seen.</p>
Cancellations should be available to be rebooked straight away.	I	<p>They are.</p> <p>If a patient phones or comes in and cancels an appointment it is then available for another patient to book.</p> <p>However, cancellations are not very common and therefore this is not many appointment slots. If you are lucky and call just after someone cancels then you will be offered that appointment.</p> <p>As long as patients cancel the appointment before the appointment start time then it will be available for rebooking by another patient up until the start time of the appointment.</p>
Continuity of Care	I	<p>We do try to make it as easy as possible for patients to book with the same doctor.</p>

		If patients left messages requesting these then a staff member who have to empty the answer machine and then call the patient back to arrange a convenient time to book this in. This would take longer and we do not have the staff available to do this.
Why is the surgery accepting new patients when it is short of appointments	III	<p>We surgery is open for new registrations for a number of reasons.</p> <ul style="list-style-type: none"> • It is a contractual requirement. All practices in Lambeth are required to have an open list at all times. • In Lambeth there is a high turnover of patients with patients moving out of the area all the time and new patients moving into the area. If the practice closed its list it would lose patients every month and not be able to replace them. • The surgery is paid based on the number of patients it has and if the number of patients fall then the surgery would also have to cut the number of GP hours it provides. • The number of appointments provided are based on the number of patients the surgery has – therefore if the surgery does grow then it receives more funding and can provide more appointments. The number of appointments provided per patient will remain the same and therefore the ability to get an appointment will remain the same.
Increase number of receptionists	I	<p>We recently carried out a staff restructuring exercise and have the maximum number of receptionist and admin hours that we can afford.</p> <p>If the practice funding increases then we will look at whether this needs to be increased or if the funding is needed to provide more clinical staff.</p>
<p>Give priority to patients who never DNA</p> <p>Or give priority to patients who rarely attend.</p>	II	<p>All patients need to be treated on basis of their clinical need for appointments. Although DNA'ing and appointment is a huge waste of the doctor's time and NHS resources it is not appropriate to prevent patients who have DNA'd in the past from accessing services.</p> <p>Priority can't be given to patients who rarely attend.</p> <p>In most situations all patients are treated equally and the procedures will be followed. Where flexibility is needed then priority is given to those with the most clinically urgent issue – this may well be someone who attends frequently.</p>
Ability to book online	III	<p>We do have an online booking tool</p> <p>Patient Access</p> <p>This allows you to book all advance doctor appointments online.</p>

		Please go to www.patient.co.uk
Why do receptionists ask what is wrong	II	<p>We used to triage same-day appointments to try to ensure they were only used for things which did need more urgent clinical attention rather than for routine issues. We don't do this anymore. Same-day appointments are given on a first come first served basis again.</p> <p>However, once all of these same-day appointments have gone if you say you need to be seen urgently then the receptionist will need to ask what the problem is so that they can ask the doctor if the doctor thinks it is urgent enough to warrant being squashed in as an extra. The doctors will not authorise an extra to be squashed in unless they can determine that it is clinically urgent.</p> <p>The more information you give the receptionist then more information the doctor will have when they make this decision.</p> <p>If you are not able to tell them what the problem is then this is fine – but may well mean you need to call again the next day to try to get an appointment.</p>
Receptionists being aware of what is urgent and what is not	II	<p>Receptionists do not have any clinical training</p> <p>However, they all use their common sense as well as their past experiences from issues that have arisen at the surgery to help signpost patients as to how their issues can be dealt with.</p> <p>If they are not sure if something is urgent and the patient feels it is then they will ask a more senior member of staff or a doctor for advice.</p> <p>They may also signpost patients to the pharmacy – as pharmacists can generally be able to advise you without an appointment and they are training clinicians.</p> <p>A lot of conditions can be dealt with by patients at home with the help of over the counter medication and although it may need urgent attention it may not need a doctor.</p>
Appointments specifically for children	I	<p>Although children can be more vulnerable than adults their conditions are not necessarily always more urgent. All patients need to be treated in terms of clinical need not purely age.</p> <p>We aim to have enough same-day appointments available for everyone.</p> <p>If the morning same-day appointments have all gone then the receptionist can</p>

		<p>message the duty doctor to see if the child's symptoms warrant being squashed in as an extra. There tends to be a lower threshold for children under 1.</p> <p>With the changes which will be implemented on 31st March there will also be pm same-day appointments released at 12noon which will cater for issues that arise during the morning.</p>
Ability to book antenatal appointments in advance	I	<p>With the new system pregnant women will be able to book the antenatal appointments which need to be with the GP a month in advance.</p> <p>Post natal checks nad baby 6 weeks checks will also be booked in advance as soon as we are aware of the birth and the baby is registered.</p>
Why isn't the system the same as my previous GP	I	<p>Each GP practice does have slightly different appointment systems. This is for a number of reasons.</p> <ul style="list-style-type: none"> • Each GP practice are different sizes and systems that work for a large practice with lots of doctors on duty at the same time will not work for a smaller practice which may have times of the day when there is only one doctor on duty. • Different GP's have different working styles and can see different numbers of patients in a session. • Each practice has a different set of patients and these patients may have different needs. A practice with a lot of over 65's will have different needs from one with lots of your professionals or lots of young families. Practices need to try and adapt their appointment systems to their patient's needs. • We have decided to ask patients what they want rather than just taking something which worked for a different practice with different patients and hoping it will work for us.
Staff are inconsistent	II	<p>We do try to ensure we are consistent in the message we give to patients. We have policies in place and follow them where it is reasonable to do so.</p> <p>However, because we work in the health field we also have to be flexible to the needs of the patient. Therefore if you phone with a clinically urgent issue the staff may be flexible and try to provide you will the help you need. If you phone again and your issue does not have the same urgency then the standard procedures will be followed.</p>
Replacement nurse when she is off	II	<p>We only have one Practice Nurse and she has annual leave during the year.</p>

		<p>We don't cover her when she is off for a number of reasons</p> <ul style="list-style-type: none">• Fully trained competent Practice Nurses who are able to cover her duties are few and far between• We do not have the budget to be able to cover her for all of her annual leave.• The things the nurse covers are not acute time critical issues and can wait until she returns. If there is anything that does need to be done while she is away (i.e daily dressings for post-op patients, taking stitches out, time critical injections) then these will be put in with a doctor.
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Action Plan

Area	Action	Date	Whom
Same day appointments	<ul style="list-style-type: none"> • Increase the number of same-day appointments to try to ensure a higher percentage can book an appointment on the day when they need to. • Split same-day appointments into am and pm appointments. • Release pm same-day appointments at 12 noon. 	31 st March 2014	BM
Advance bookable appointments	<ul style="list-style-type: none"> • Move the time advance bookable appointments are released to 10am • Keep the maximum distance for advance booking for doctors at 1 week. • Review this with another survey in 6 months' time • Create a list of exclusions to the max one week ahead rule for patients who may need to be booked outside this rule. <p>Eg.</p> <ul style="list-style-type: none"> • Baby clinic • Antenatal appointments • Patients needing interpreters. • Patients the doctor needs to follow-up in a specific timeframe. 	31 st March 2014	BM