

# 2012 Survey Action Point Progress

This document details the resulting action point progress from the 2011-2012 Munro Medical Centre Patient Survey as at  $28^{th}$  November 2012.

#### **Action Point 1**

#### Practice to better publicise the HCA role and how to distinguish staff

Information has been posted on TV Screens in Practice since the beginning of August 2012 showing the different colour uniforms and the roles they represent.

#### Action Point 2

#### Practice to publicise changes of GP in future where possible to avoid confusion

We have had an instance of this since the turn of the year and we publicised the change on our website, and when patients called in. Although in an ideal world it would be nice to send every affected patient a letter, the cost involved in postage alone to do this is considerable, and we thought it better to invest this in improvements to the surgery and services. We have recently had a suggestion to use text messaging to advise of a change in GP and this is something we will look at it in future.

#### **Action Point 3**

#### Practice to better explain the role of different Healthcare Professionals in patient care

We have partly done this as part of Action Point 1, but plan to add more information using the TV screens in surgery, a new website, and in a new practice leaflet.

#### **Action Point 4**

### Explain procedure for urgent on the day appointments in more detail on the website, in Surgery, and in the Practice Leaflet

We are currently developing a new website and Practice Leaflet and updated information will appear in both of these.

#### **Action Point 5**

Staff to be made aware that patients can specify and have recorded an approximate convenient time they would like to be called back when going on the Telephone Triage list, if their personal circumstances dictate that calls can only be taken at certain times

This has been put in place and appears to be working well.

#### **Action Point 6**

## Practice to look into possibilities of providing an alternative to 0844 number, re-record messages to make them shorter, and look into the option of patients being able to leave a message if holding for more than 1 minute

We have managed to renegotiate our contract with another supplier and have recently returned to a local geographical 01775 number. We will maintain the existing 0844 number alongside the new 01775 number for a year after the switch so that patients are aware of the number change. If a patient now calls the 0844 number they will be advised the number has changed, and advised what the number is for next time, and asked to hang up and re-dial or to press 1 to continue the call through the 0844 number. Other enhancements have been possible due to changing to a new system, and we hope this will improve the ability for patients to contact the practice going forward, and for their calls to be answered more efficiently.

#### Action Point 7

#### Rotas to be on system for a minimum of 6 weeks in advance by end of April 2012

This has been difficult to implement due to staff changes and sickness, however, we are continuing to review this and the appointment system and hope to come up with an alternative solution.

#### **Action Point 8**

### Practice to monitor appointment lateness and take appropriate action when consistent lateness in seeing patients (excluding Emergency/Triage Doctor appointments) occurs

This has been taken up several times in the months since the survey and we hope this should now be improving, we have addressed with the appropriate staff where necessary. We will continue to monitor this.

#### **Action Point 9**

### Reception staff to be more pro-active in monitoring and advising patients when clinicians are running late

This can be difficult due to the number of clinicians that we have seeing patients at any one time. We have asked our Reception Supervisors to keep an eye on this and perform a tannoy announcement if/when appropriate.

#### Action Point 10

### Practice to add a sign to door for Confidential Room, promote its use, and possibly move BP machine out of this room

A quote has been requested for the signage along with some other signage updates, and we hope to have this in place shortly. At present we have decided to keep the BP machine in this room, but will keep this under review.

#### **Action Point 11**

#### Practice to investigate playing background music in waiting areas

This was delayed as it is tied into the phone and tannoy system. Work to implement this is currently in progress and the practice now needs to source a suitable device and licence before we are able to complete the installation.

#### **Action Point 12**

#### Practice to investigate limiting noise leakage from rear of Reception area into Waiting Room

The practice is currently consulting with staff on an in-depth review of seating/desking arrangements in the reception area, and have identified some measures which should help with this. Changes will take some time to plan/implement, but should result in a better environment for both staff and patients. Interim changes will hopefully be commencing shortly.

#### Action Point 13

### Practice to investigate how to increase privacy of patients discussing issues at the Reception Desk being overheard in Waiting Room

Investigated alongside the previous action point, we have commissioned a re-design of the front reception desk, and will introduce section dividers at the front desk which we hope will go some way to addressing concerns. We are also looking at how we can better operate the queuing system, but given the constraints of our entrance our options are limited.

#### Action Point 14

### Practice to looking into the possibility of purchasing green opposite surgery again and its suitability for additional patient car parking

The practice has made some enquiries to the land owner, but it still appears unlikely that we will be able to obtain or use the land for parking. We have made some changes to the way frequent official visitors to the surgery that are not patients park, and now make our staff car park available to them, freeing up as many parking spaces at the surgery as possible.

#### Action Point 15

#### Practice to re-mark parking bays in existing car park

This has still yet to be done.

#### **Action Point 16**

### Practice to write to Lincolnshire County Council regarding co-ordination of Roadworks and provision of improved Public Transport

This has still yet to be done, although it is noted that considerable disruption has been caused around the town centre and surgery in the past months by large scale roadworks.

#### **Action Point 17**

### Practice to discuss provision with Voluntary Car Scheme providers and see if there is any way to expand the service offered, or other options if unable to expand

This has still yet to be done.

#### Action Point 18

### Practice to contact systems supplier to try and have them improve offering of appointments online

We have contacted the system supplier, but they have still refused to change the options available to us. The practice will continue to try to get the supplier to change their view.

#### **Action Point 19**

### Practice to contact systems supplier to try and have them include a secure messaging system within SystmOnline

This has still yet to be done.

#### **Action Point 20**

#### Practice to arrange refresh of current website and ensure information is relevant, and up to date

This has very recently been completed and includes multiple language support through Google Toolbar/Translate.

#### **Action Point 21**

#### Practice to produce and publicise new Patient Leaflet/Booklet

This will be completed shortly after the new website is finalised.

#### **Action Point 22**

#### Practice to look at producing quarterly newsletter in conjunction with PRG

The first issue has been recently published both as a hard copy in surgery, and online on our website.

#### **Action Point 23**

### Surgery to reduce the amount of time using olive oil ear drops before check/syringe from 14 to 7 days

Subject to there being available appointments this has been implemented, there are still some occasions however where 7 days of olive oil drops are not enough and the patient may be asked to repeat for an additional 7 days.

#### **Action Point 24**

#### Practice to investigate feasibility of introducing some of these services at the Surgery

Details of these have been discussed with the Partners and where possible the practice will look at providing these services or working with the South Holland and Welland Consortia to commission services.

#### **Additional Information**

In addition to the action points above the following improvements have also been made:

- Refurbishment of patient toilets
- Replacement of the Automated Check-In Machine
- Monitoring of the temperature of the waiting room
- Investigation into moving TV Screens in waiting room to more appropriate locations
- Addition of credit card processing facilities