

## Summary of Open Ended Responses for 2012-13 PPG Major Survey

### **Q4. Are there any other services you think we could offer?**

Three issues were raised here. The first was about regularity of the newsletter. This currently comes out quarterly but it was suggested that maybe it could be more often. This is something we could look at doing, perhaps every 2 months.

The second issue was car parking which was a common theme in a number of sections so I will deal with it here. Unfortunately there is nothing we can do to expand the car park. It is joint shared with Bowling Hall Surgery and I know they would like more spaces as well. The only possibility of expansion is the small triangular strip at the back. We don't really have the option to buy this and also due to its shape we feel it is unlikely that it would really add that many spaces. Clearly people find parking frustrating and as a Surgery we share that, but we cannot see a way round it and feel it is something that we cannot change.

The Third issue was for a form of emotional support service when people have emotional upheaval. We already have a few services available for this. These can be accessed either by seeing a Doctor for NHS funded services or by contacting local voluntary services such as the Hope Centre in Holmewood, Relate Bradford, Mind, and the Samaritans

### **Q5. In order to reduce waiting times, should we? (variety of responses)**

One respondent in the "Other" box suggest restricting the consultation time and was aware that we do try to do this. Sometimes, however people may need a little longer. This can be for reasons including severity of condition, trying to engage with someone who finds it difficult to attend surgery, communication difficulties or serious problems that arise as a result of another condition being looked at. If we feel it is safe to do so the Doctors often ask a patient to return at a later date to discuss further problems.

### **Q6. How long would you be prepared to wait for your appointment before you would want an explanation for the delay?**

Responses ranged from 5 minutes to one hour but most people felt 20-30 minutes was reasonable. Finding a way to inform patients is tricky. The check-in board does tell you how many people are ahead of you but this not always accurate as it doesn't take into account whether someone has arrived or not. We could look at using the callboard but there may be a danger of messages being left on too long or not changed if a Doctor manages to catch up.

### **Q7. Please tell us what we could do other than offer more appointments to make it easier for patients to get an appointment.**

There were a wide range of suggestions given here, which I will go through one by one.

Telephone service for those not needing to physically see a Doctor. This type of thing can be very helpful for patients but needs a back up service. As sometimes (quite frequently) people may phone for something that the Doctor needs to see them for, such as phoning to ask for antibiotics if they have a cold or a cough but this is a decision that can only be made by seeing and examining a patient as most infections are viral and antibiotics do not treat viral infections but only bacterial infections. We would therefore have to make extra appointments available for those who had to be seen. It is possible though that this type of service would free up appointment so compensate for this. Of course though, if a Doctor is spending 2 hours a day on the phone for this then they won't be able to do a surgery so 16 less people will be able to be physically seen that day. Hopefully this gives some insight into some of the issues regarding a telephone service.

Open longer and perhaps Saturdays. We do already offer early morning surgeries for those who work as part of the extended hour's service. Saturdays are a controversial issue. Full time GPs already work between 40 and 50 hours a week so we feel that coming in on a Saturday morning for another 4 hours would severely affect our work/life balance. To open on a Saturday would not be funded as extra resource by the Government so we would struggle to afford this and remain open as a business. Also many surgeries around the country find that patients don't actually want to come on Saturdays and if they provide one then it is severely underused. This surgery used to provide one many years ago and it was stopped due to lack of attendance. Opening for longer is often found to be a bit like adding extra lanes to a Motorway – they quickly get fuller and overall there isn't much difference to traffic jams. These responses are not meant to be flippant and detail real problems found by GPs around the country.

Answer phone calls more quickly. We dedicate 2 members of staff to the phones at all times. A recent questionnaire about our response times found that mostly they are answered within a few rings. There are times when this may be longer such as first thing when call volumes are very high. The electronic signing in board has made it slightly easier for the receptionist who is at the front desk to deal with face to face queries but does not affect the phones as we feel they should not be on the phone if a patient is at the desk needing attendance.

Check what the appointment is for so patients can be directed to the right Doctor if needed for certain specialist problems. For the emergency clinic we always ask what the problem is and people generally find this acceptable but asking everyone who books a routine appointment is less practical and patients often find this intrusive so we have decided not to. Our website does give a list of what each Doctor's interests are so help guide patients as to who to see. We could look to publish this on our electronic information board in surgery to better advertise this.

Take less new patients. We cannot close our lists to new patients except in exceptional circumstances and if told we are allowed to by the Primary Care Trust. Also we feel we have capacity for more new patients. In general most practices that are able to significantly increase patient numbers are then able to increase the number of Doctors due to increased income that follows. Our patient numbers have been steady for many

years now but demand for appointments has continued to rise so it would appear that overall patient numbers do not really affect appointments.

Online booking. This is something that may be an option in the future and if so we would hope to be able to introduce this within the next 1-2 years.

Book more than one week in advance. We currently set the limit of booking into the future to one week for Doctors appointments and two weeks for Nurses appointments. This is because in the past when there was no limit some Doctors would literally be fully booked for more than a month in advance and so people would not be able to see the Doctor of their choice for at least a month. Also people booked so far in advance that many forgot to come. The current system means the longest you will have to wait to see an individual Doctor is at most 7 days (not taking into account holidays and bank holidays). We also have set access targets by the Government that mean we have to operate in this way.

**Q14. Is there anything about your GP practice premises that could be improved?**

Most people felt the building was now ok. Car parking has already been discussed above.

Remove the glass at the counter. This was put in place because a patient jumped over the counter and started threatening our staff in the past so it is more for staff safety.

Internal direction signs. This is already in hand but has been delayed due to planning issues for external signs that we are getting at the same time.

More lighting in the Foyer and change the pull handles to push plates if the door needs to be pushed. This is something we will look at.

New Carpet. In the last year new carpet has been extensively laid around the surgery. The main reception waiting area has not been replaced as it was felt to be ok and we needed to get some under carpet maintenance done in that area. It will be updated in due course.

**Q18. Would you recommend your GP practice to someone who had just moved into the area?**

I am glad to say we had lots of very positive responses in this part, complementing the Doctors and Reception team. There was only one comment about the Receptionists but they do work to protocols that the Doctors ask them to. They often work in challenging situations and as noted by some respondents sometimes have to deal with verbal abuse and bad manners. Any areas of complaint about them are always taken seriously and we try to work with them as a team to improve things where possible. We feel overall they do a great job and hope you agree.

**Q19. Is there any way your general experience of your GP practice could be improved?**

Test results. We try to empower our patients to take responsibility for their own health so ask all patients to make sure they phone us back for results. If a result is significantly abnormal then we would always contact the patient rather than wait for them to contact us. We get hundreds of results in each week so it is impractical to phone patients for every result. We put a comment next to every result so that the receptionist can relay this when a patient phones for their result. This overall approach is true for most GP surgeries.

Road markings. The road next to the practice is a public highway so we have input to marking on the road. We can highlight marking in our car park but as mentioned already this does have to be in conjunction with Bowling Hall Practice.

Exact diagnosis. It is often difficult to make an exact diagnosis. So sometimes we have to say to people what we think the problem most likely is and treat accordingly, with the proviso that they must come back if it doesn't improve or gets worse. Doing scans and x-rays often increase patient worry as it can make them worry that the Doctor really thinks something serious is wrong. Also repeated, unnecessary, exposure to radiation, such as when having an x-ray or a CT scan "just in case", can slightly increase a patient's chance of developing cancer over their life time. The skill in medicine is working out what is wrong without having to feel lots of tests are needed. Sometime patients feel fobbed off if they are told it is a virus or a sprain of a muscle but the truth of it is that often this is exactly the case, and sometimes you just have to observe a condition to see how it develops to help get the diagnosis.

Ear wax removal. Currently a patient has to see a Doctor first to then be able to book in with the district nurse to have their ears syringed. Some people find this frustrating but there is good reason behind this. Often people feel their ears are blocked with wax when in fact there is another problem such as infection or a middle ear problem (even those who have had them syringed before). Also, even when it is wax, syringing is not always the answer and sometimes correct use of olive oil can sort the problem out without the need for syringing. We have to do this as the District Nurses require a 20 minute to do this and if the patient arrives with either no ear wax and an infection, or only a mild degree of ear wax then either there is nothing to do or there guidelines do not allow them to proceed. This means that 20 minutes is wasted when someone could be having their wound dressed or having another service done by the District Nurses. Our own nurses do not do ear syringing as this is currently run by the District Nursing service.

Privacy in the waiting room. Currently the style of the waiting room does not offer much privacy directly at the front desk. However, many patients do not realise there is a separate private reception consulting room that they can use should they need it. I am sure you will have also noticed we have installed a music system into the waiting room (a request of the patient group last year) to help distract those waiting from hearing. The self check-in screen also means that there are less people waiting in the queue as our analysis

shows that 60% of people coming for appointments are now using this service. We could look at formally setting the queue back from the desk to offer further privacy if the group were to support it.

**Q20. How would you prefer to be told about changes to local health services, for example, opening times of your GP practice, hospital services, treatment in the community etc?**

Newsletter, as not everyone has a computer. The surgery already has a newsletter which always shows our opening times. We also make announcements about new services. We have been running a series of how to guides in recent editions (another request of the patient group last year). Once this has come to an end will publish them all online and also put them in our leaflet rack. Hospital and more district wide services come under the auspices of the local PCT (soon to be the CCG – clinical commissioning group) and they are looking to develop better ways to engage with the public. They recently held an open board meeting to the public and a public engagement event to further explain the upcoming changes – both of these were advertised on our patient information board in surgery.

**Q23. Please let us know if there is a reason for you choices above? (in response to what you as a patient group would like to focus on this year)**

Appointments, prescriptions and services offered by the surgery came in as the top 3 out of the five offered. Responses about appointments have already been covered above in Q7.

Prescriptions have caused some concern from patients. Some would like to be able to order over the phone but this tends to lead to a higher chance of errors and leaves us open to fraud. It would also mean a redeployment of resources as although it may only take someone 30 seconds to take a request for one or two items, many people take between 5 and 10 different medications so this could take a few minutes to be sure we have got the right medications. If you then do this for only 10 to 20 patients each day then we would have to find an extra 1-2 hours a day of receptionist time. Fraud can happen when someone phones up pretending to be someone else then comes to pick up the prescription. Although this is a rare occurrence it has happened in the Bradford area. To help those who find it difficult to come in to drop in their requests we offer online requesting and also all chemists will now request your prescriptions on your behalf and even collect them. For the housebound they will deliver them also. Some patients request by post, by providing a stamped addressed envelope. For the reasons above we feel we do not want to offer a telephone prescription service and that there are a number of ways patients can request their prescriptions.

Mistakes on prescriptions do happen sometimes. This can be due to human error on our behalf, repeated use of the same request slip causing confusion of what is needed, hand written notes with sometimes difficult to read handwriting and a number of other reasons. The important thing, regardless of the cause, is to continue to try to cut errors down. Any

significant mistakes are looked at by the whole practice to analyse what went wrong and to try to stop it ever happening again. We look at the whole prescription process at least once a year to try to fine tune the ordering process. We take it very seriously so would be open to suggestions from the group if anyone had additional ideas not already mentioned or available. This can be in the form of the patient group contact point on the website or on the bottom of the next survey/contact for our postal members.

Services offered by the surgery came out third but no comments were as to what group members thought they should be. Again, I would encourage any group member to contact us, as detailed above, if they had thoughts on any additional services we could offer as a surgery. We are hoping to start offering a warfarin clinic at the surgery but are currently waiting for our hospital colleagues to get back to us about how we could do this.

**Q24. Are there any other areas that you think the patient group should look at this year?**

One patient suggested another call board for the waiting room so you don't have to turn round on some of the seats. This is something that comes under the domain of the PCT so it would be difficult to get them to agree to a second call board. We placed it where most seats can see it and also it makes a "ping" to let you know to look around so you don't have to stare at it hoping you don't miss your call in. We have recent increased the time it stays up slightly from 7 to 10 seconds.

48 hours turn around time for prescriptions. This is a necessary time unfortunately. We deal with few thousand prescriptions a month and more than a one to two hundred daily. Each one has to be looked at and issued by a receptionist. If there are any issues such as an item needing reauthorising or a patient is due a blood test then it needs to be passed on to a Dr to review it and then issue it. These queries are passed to a Dr on a daily basis and there will commonly be 30-40 (and sometimes more) split between the doctors who are in that day. Really it comes down to scale. Once you add a few minutes to each query then it can sometimes take a Dr between 30-60 minutes a day just to do these. Although often prescriptions are out before the 48 hour mark we cannot always guarantee this so would not want a patient to make a trip to surgery early hoping it would be ready to collect then finding they have to come back a few hours later or the next day. If prescriptions are not ready when expected then we usually try to sort this out if not immediately then at least by 4pm that same day. It is worth letting you know that we also have to deal with a number of emergency requests each day for people who haven't realised they have run out of medications and need an urgent prescription running through, this adds further time to the Doctor's day.

Work load of the district nurses was mentioned but this is something out of our control as their management and staffing levels are part of a separate organisation in the district.

**Q25. Please use the space below to tell us about anything you feel that is important that we may have missed.**

One member noted there are no toys. We did discuss this last year but the group did not vote it as one of their top choices for us to try to achieve. Should you want us to then we will happily look at this again.

A rubbish bin in reception. There is a bin to the right of the reception desk.

Hopefully this covers everything raised in the survey. The Doctors at Rooley Lane look forward to working further with you over the next year.

For and on behalf of all the Doctors,

Dr Manby