## **Southdene Surgery**

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This is 2016/17 annual survey results. There were 728 completed surveys -10% of Surgery's patient list size. Overall it shows improvement of 3.7% compared with the last survey of 2015/16. The area that had a drop of 7% are telephones, 2% - staff and 8% overall rating.

The results in brackets show the results from 2015/16 and 2014.

	No experie nce	Poor	Fair	Good	Very Good	Excelle nt	Action Plan
Access to a L							
1. Speed at which the telephone was	8% (3%) (4%)	7% (5%) (6%)	21% (21%) (24%)	31% (30%) (33%)	21% (25%) (23%)	12% (16%) (10%)	64% (71%) (66%)
answered initially							The telephone system was changed in February 2017 to accommodat e increased patient lists size and new infrastructure of the Surgery. The patients report that they hold for a very long time and reception staff reports that they are
							unable to transfer the calls or calls are being

							lost.  Action: Telephone system needs to be reviewed with the system provider. To arrange a meeting by the end of the year 2017.
2. Length of time you had to wait for an appointm ent	3% (2%) (2%)	4% (4%) (11%)	15% (18%) (27%)	31% (28%) (30%)	30% (28%) (19%)	17% (20%) (11%)	78% (76%) (60%)  2% up  We maintain the appointments system by providing pre-bookable appointment for up to 8 weeks. Half of all pre-booked appointment are released 2 days in advance to maintain access. We also provide a walk-in clinic every day for emergencies, which is run my Advanced Nurse Practitioner – this releases principal GPs to manage routine/ long term conditions. We also provide telephone consultations for follow

							ups. During the winter period we add additional 32 appointments per week to manage winter surge. Also, the practice offers all appointments on line which improves patients experience in booking an appointment. The management of the appointment system this way has provided improved results over a period of two years.  Action:  The number of appointments offered to be reviewed at the end of financial year as the list size is increasing
3. Convenie	2% (2%)	1%	10%	28% (25%)	34% (31%)	25% (29%)	increasing with each quarter.  87% (85%)
nce of day and time of your appointm ent	(2%) (2%)	(2%) (4%)	(11%) (18%)	(25%) (31%)	(31%) (25%)	(29%) (20%)	(76%)  2% up  Historically the results of this question is very positive as we provide Extended Hours, i.e. we are open

4. Seeing	8%	3%	9%	25%	29%	26%	till 8pm on Mondays and every second and fourth Saturday of each month. We also offer early appointments outside Extended Hours ES, i.e. appointments are available from 7.30am on certain days. We also offer early and late appointments with the Nurse.  Action:  To continue with the same arrangement.  80%
the Doctor of your choice	9%) (9%)	(3%) (8%)	97% (11%) (18%)	(22%) (26%)	(25%) (20%)	(30%) (19%)	(77%) (65%)  3% up  The arrangement to release principal GPs from seeing emergencies facilitates patients with a greater choice of booking a routine appointment with a GP of their choice.  Action: To continue with the same arrangement, however, to review access in April 2018 as patient list

							size is
5. Length of time waiting to check in with Reception	3% (2%) (1%)	2% (3%) (3%)	7% (12%) (18%)	22% (27%) (32%)	36% (32%) (28%)	30% (24%) (18%)	increasing.  88% (83%) (78%)  5% up  This result is very positive as the Practice has installed a self check-in machine which is favoured by the patients.  Action: To continue with the same arrangement.
6. Length of time waiting to see the Doctor or Nurse without explanation	14% (14%) (17%)	4% (5%) (9%)	11% (19%) (21%)	28% (28%) (26%)	28% (21%) (16%)	15% (13%) (11%)	71% (62%) (53%)  9% up  Although this area keeps improving as we have made several changes in clinic set ups, we inform patients about the waiting time via Jayex board and via reception.  Action:  To audit waiting times on a regular basis.
7. Satisfactio n of walk- in clinic service	12% (23%) (29%)	3% (2%) (6%)	6% (10%) (9%)	19% (18%) (23%)	28% (23%) (15%)	32% (24%) (18%)	79% (65%) (56%)  14% up  Walk-in clinic was launched in 2013 and proved to be

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				70/	2004		170/	a success in managing A&E attendances. Also, throughout the years, patients' satisfaction is increasing. Due to this service, patients come to register with the practice. We also are informed that walk-in clinic is praised on social media, especially by parent groups. However, this services major issue is the waiting times. The Practice informs of waiting times for walk-in clinic via Jayex board. Action:  To review access due to increased patient list size. Discuss with PPG the action plan for managing waiting times.
t s	Opportuni cy of speaking co a	28% (39%) (35%)	3% (6%) (8%)	7% (10%) (13%)	20% (15%) (19%)	25% (17%) (14%)	17% (13%) (11%)	62% (45%) (44%) 17% up
t	Doctor or Nurse on the telephone							The Practice is offering telephone consultations

when necessary							for routine/ follow up matters. Patients satisfaction is increasing with the use of this service.  Action: To continue with this service.
9. If you use Online Access service, how satisfactor y it is	65% (77%) (82%)	2% (2%) (2%)	2% (1%) (2%)	8% (5%) (4%)	13% (6%) (5%)	10% (9%) (5%)	31% (20%) (14%)  11% up  In 2017 the Practice advertised online service and managed to increase the amount of patients using online services to 38%. However, we would like even more patients using this service.  Action:  To continue with online service promotion via notice boards, Jayex board, Mjog.

Obtaining a l							
10. Prescripti on ready on time	25% (26%) (23%)	2% (2%) (2%)	4% (5%) (6%)	16% (18%) (21%)	28% (20%) (22%)	25% (29%) (26%)	69% (67%) (69%) 2% up
11. Prescripti on correctly issued	23% (25%) (21%)	2% (2%) (1%)	2% (3%) (5%)	16% (17%) (18%)	28% (20%) (22%)	29% (33%) (33%)	73% (70%) (73%) 3% up
12. Handling of any queries	26% (31%) (25%)	1% (2%) (3%)	5% (4%) (8%)	15% (18%) (21%)	30% (22%) (21%)	23% (23%) (22%)	68% (63%) (64%)  This area shows an improvement following a decision to train all reception staff to process prescriptions.  Action: During staff appraisals it was evident that although staff are good in processing prescriptions, they feel they require more training from clinical system provider. This is to be arranged in April/ May 2018.
About the sta	aff						
13. The	11%	1%	4%	19%	31%	34%	84%

informatio n provided by the Reception staff	(6%) (4%)	(2%) (3%)	(7%) (11%)	(23%) (29%)	(30%) (25%)	(32%) (28%)	(85%) (82%) 1% down
14. The helpfulnes s of the Reception staff	9% (2%) (2%)	2% (2%) (3%)	2% (8%) (9%)	15% (22%) (25%)	29% 30%) (28%)	43% (36%) (32%)	87% (88%) (85%)  1% down  Although the satisfaction rate is very high, especially the excellent rating, this area experienced a slight drop. One of the explanations might be that the non-responder rate is much higher this year which affects the overall rating. We also had a few changes happening at the Practice relating to reception work which had some teething issues.  Action: To review the overall functioning of the reception to adjust to increased patient list size, changed NHS procedures,

				internal changes. To continue with weekly reception meetings. To continue with annual performance reviews. To continue with training
And finally				provision.

15. My overall satisfaction with this	9% (1%) (1%)	1% (1%) (2%)	3% (3%) (9%)	15% (19%) (28%)	30% (37%) (35%)	42% (39%) (25%)	87% (95%) (88%)
Practice	(170)	(270)	(370)	(2070)	(3370)	(2370)	8% down
							The satisfaction rate is very high, although again there is a slight drop. This again could be explained by high rate of non-responders. FFT test average results show 94% would recommend our Practice to friends and family. We continuously receive a very positive feedback from our patients and we listen to all concerns that our patients raise. We discuss issues with our PPG group and are continually adjusting our practice to the needs of our patients. Action: From October 2016 to October 2017 the patient list size increased by 455 patients.
					<u> </u>	<u> </u>	133 patients.

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				The structure
				and
				processes of
				the Surgery
				were
				functioning
				very well
				with the
				previous list
				size.
				However, the
				Practice now
				requires
				adjustments
				in order to
				maintain the
				same level or
				service. To
				be discussed
				with Partners
				in April 2018
				and review
				with PPG in
				May 2018.
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