

Woodlea House Surgery

2013 Practice Survey Update

Before starting to think about this year's patient survey the surgery spent time reflecting on last years results, how the issues raised in year one have been addressed and how they have been built upon. We also welcomed comments from our Patient Participation Group.

We do feel as a surgery the suggestions and comments made in the 2013 survey have been adequately answered and were available to view on the practice website.

Survey finding /proposal	Recommendation	Outcome to Date
<ul style="list-style-type: none"> The ability to e-mail repeat prescription requests 	<ul style="list-style-type: none"> Create a new e-mail address for repeat prescription requests. Advertise the service in the reception area indicating the e-mail address is for this service only. On-line repeat prescription request forms to be considered where access would be via the website. 	<ul style="list-style-type: none"> Achieved Achieved Only via e-mail at present. Emis patient access currently being launched.
<ul style="list-style-type: none"> Receiving test results via a text message or online 	<ul style="list-style-type: none"> Discussion and feedback required from the clinical team after considering aims of the Direct Enhanced Service requirements with relation to <i>patients having on-line access</i>. Aim to implement this trial service in April 2013 via EMIS web. 	<ul style="list-style-type: none"> Service was trialled which resulted in numerous phone calls to the GPs therefore the surgery reverted back to only informing patients about their results should they be abnormal

<ul style="list-style-type: none"> • Availability of routine appointments at the surgery 	<ul style="list-style-type: none"> • Capacity and demand analysis to run in February/March 2013 	<ul style="list-style-type: none"> • The capacity and demand analysis indicated they were adequate available appointments. We continue to have a 'did not attend' (DNA) problem at the surgery which will be addressed with our 2014 survey.
<ul style="list-style-type: none"> • Unscheduled A&E attendances 	<ul style="list-style-type: none"> • Expert patient programme arranged for April 2013 at Castlepoint library which is situated within easy walking distance of the surgery. • GPs to approach multi A&E attendants if appropriate • The surgery will investigate eligible patients that could be offered the 'Telehealth' service. 	<ul style="list-style-type: none"> • This proved to be extremely successful indicated with nothing but positive comments from attendees. We were very enthusiastic to repeat the programme during 2014 but unfortunately funding has been cut for Bournemouth and Poole. The surgery is currently looking into an in-house programme. • Multi A&E patient attendances are reviewed by our clinical commissioning group on a monthly basis • This service is currently being piloted with direction taken from our district nurse team.
<ul style="list-style-type: none"> • GP Telephone triage 	<ul style="list-style-type: none"> • The more 'formal' arrangement regarding telephone consultations will take place first thing in the morning taking into account the survey comments. Most of the patients considered their problem urgent when requesting a telephone consultation therefore the GPs consider this arrangement may help in preventing 'bed blocking' in the afternoons if a patient needs to be admitted. • Patients to book in advance • Service to be advertised in the surgery. 	<ul style="list-style-type: none"> • The system is working extremely well and we welcome on going feedback from our patients

<ul style="list-style-type: none"> • Patients with disabilities 	<ul style="list-style-type: none"> • The surgery will obtain quotations in order to make front door access easier for disabled patients. • Both reception hatches will be opened at busy times to prevent 'bottle necking' at the front door. • At busy times reception staff to be aware of patients in wheelchairs and go into the waiting area to speak to them. • The nurse's desk will be moved to the other side of the treatment room thus preventing patients in wheelchairs hearing consultations. 	<ul style="list-style-type: none"> • The surgery obtained three quotes in order for this work to be carried. To date this work has not been completed due to funding. • Successful • Appreciated by the patients • Desk had to be moved back to its original position due to sink access
<ul style="list-style-type: none"> • Blood tests 	<ul style="list-style-type: none"> • The surgery is investigating if the receptionist interested in providing a phlebotomy service needs to attend a formal course or can be trained 'in-house' by one of the clinicians. • Comments indicate the patients would like an alternative to mornings for their blood tests therefore the surgery is considering early afternoon appointments and the samples being taken to the hospital by the phlebotomist. 	<ul style="list-style-type: none"> • This training was delayed due to available reception cover. We are now pleased to report a receptionist is being currently trained by the senior GP and a nurse and has started to run her own clinics. • We decided to consult patients again for our 2014 survey to ensure an alternative is still required. Therefore due to a new GP clinic rota the surgery now has a room for the non-fasting blood tests to take place early in the afternoon and measures are in place for the samples to be taken to the hospital.