**Guidance template for discussion of local survey**

**findings and action plan**

Completing this form will help you meet the requirements of the patient participation directed enhanced service (DES) for GMS contract.

Please retain this form for future reference and to present to your GGG if required.

**A. Discussion of local practice survey findings**

1. Patient reference group (PRG) members present:

Grace Dedman Theresa Fitzgerald

Jane Smith Alan Spence

2. Practice staff (and designation) present:

Dr Agrawal – GP & Partner

(Dr Bavin & Dr Chua on annual Leave- minutes of this meeting to be circulated to all staff)

3. Please state your key findings from this local survey - look at the report as a whole to include written patient comments in order to obtain a complete picture of performance (see guidance in the introduction of the report).

Minutes from meeting 10th Feb 2014:

“The Practice has carried out a survey of patients using a standard questionnaire and engaged

a specialist company to analyse the results. A report was presented to the meeting and its

findings were discussed. 120 questionnaires had been handed out randomly to patients and

114 had been completed. In most areas, the Practice scored as high as, if not higher than,

national averages (based on practices of similar size). In a few instances, the scores were

slightly lower than average and the Group decided this may be, in some cases, because

patients had misunderstood the question. For example, the Practice scored lower than the

national average on 'waiting time' – yet all patients can turn up on the day and see a doctor, so

waiting times for appointments are not long. The PPG said patients might have thought this

question described waiting time in the surgery, rather than waiting time for appointments.

Another lower than expected score was for 'Speak to practitioner on the phone'. The Practice

started a pilot 'telephone consultation' scheme in December where patients can book an

appointment to speak to a doctor on the phone during a dedicated period of time on Mondays,

Thursdays and Fridays, rather than face to face in the surgery.”

4. Which responses were most positive?

Q2 Telephone access – our score 81 compared to national mean 62

Q3 Appointment satisfaction our score 78 compared to national mean 68

Q4. See practitioner within 48hrs our score 76 compared to national mean 62

5. Which responses were least positive?

Q6 Speak to practitioner on phone our score 60 compared to national mean 61

Q7 Comfort of waiting room our score 63 compared to national mean 66

Q27 Reminder systems our score 66 compared to national mean 68

6. In which areas did you deviate most from the national benchmark? Can you explain why this might be?

We score highly in term of access – appointments availability, satisfaction and telephone access. The practice is open from 8.00 to 6.30pm with no lunchtime closure or half day closure ensuring access to reception. Patients are offered appointments mostly on first contact with reception staff, rather being asked to call back during a dedicated time. The partners and salaried GP have been in the practice for approx >10yrs ensuring continuity and offering choice. The practice offers booked appointments and walk-in appointments on the day.

7. What are the main priorities identified by the PRG?

1. The Group recommended the Practice more clearly publicise the current availability of telephone consultations – telephone access to a clinician.
2. *Recruiting new patients to the PPG – Action point:* Dr Agrawal to include the PPG's new email address – patients.museum@gmail.com on the forms for repeat prescriptions/website.
3. *To investigate reminder systems* – the practice had recently started using IPLATO for text messaging regarding results & appointment reminders. It became apparent in the discussion this was not working. Dr Agrawal to investigate further

8. What are the main priorities identified by practice staff?

1. *To investigate reminder systems* – the practice had recently started using IPLATO for text messaging regarding results & appointment reminders. It became apparent in the discussion this was not working. Dr Agrawal to investigate further and resolve the issue.
2. *Recruiting new patients to the PPG –* Dr Agrawal & PPG members to advertise the group more. Dr Agrawal to include the PPG's new email address – patients.museum@gmail.com on the forms for repeat prescriptions/website. Dr Agrawal to update the practice website do that the PPG were more visible.
3. The Practice more clearly publicise the current availability of telephone consultations – telephone access to a clinician

**B. Discussion of previous local practice survey findings in relation to the current ones (if applicable)**

1. What activities have you undertaken to address issues raised by your last survey which were deemed as priority by your GGG and your practice staff?

|  |  |
| --- | --- |
| Patient experience issue | What has been done to address this? |
| High satisfaction with opening times, access by appointments and over the telephone.  Surgery to maintain access. | Maintained – consistently above average |
| Premises - to explore possibilities that would include disabled access and larger premises | Ongoing discussion at CCG/NHS England level. Suitable premises found to date. Premises repainted over summer 2013 at request of patients |
| To review Tuesday morning surgeries and waiting times. | Reviewed: Tuesday morning has the most surgeries running including an interpreter morning to cope with demand. As a result the surgery is busier than at other times. Over the year the waiting times have improved but it remains one of the busiest morning. |

2. Do the results of this survey reflect these activities? (Please look at the report as a whole to fully determine this).

Waiting times in Q8 refers to waiting during a walk-in as opposed to waiting for a booked appointment. Due the nature of a walk-in clinic (i.e. no appointment required) waiting times can be unpredictable. Where possible reception staff & doctors encourage using the appointment system to avoid unnecessary waiting for those who do not need or wish to wait.

3. In which areas have you seen most change?

|  |  |
| --- | --- |
| Last survey | This survey |
| Q10 Warmth of greeting score 83 | Q10 Warmth of greeting score 86 (improved) |
| Q1 Opening hours satisfaction 72 | Q1 Opening hours satisfaction 75 (improved) |
| Q8 Waiting time 63 | Q8 Waiting time 63 (declined) |
|  |  |

**c. Action plan**

Which areas did you mutually agree as priorities for action and intervention?

Please complete the table below.

|  |  |  |  |
| --- | --- | --- | --- |
| Priority for action | Proposed changes | Who needs to be involved? | What is an achievable time frame? |
| *Recruiting new patients to the PPG* | Advertising campaign via posters, leaflets, website on repeat prescriptions. | PPG members & Dr Agrawal & Bavin | June 2014 |
| *Reminder systems* | Review SMS messaging software for reminders re appointments | Dr Agrawal, reception team & GP IT department. | July 2014 |
| Publicise access to a clinician via the telephone | Promote service via practice leaflet, and website. | Dr Agrawal & Dr Bavin | May 2014 |
|  |  |  |  |

Does your CCG (or similar body) need to be contacted? NO

(This would only be the case if a practice proposes significant change and CCG agreement has not been obtained. Changes which impact on contractual arrangements also need to

be agreed with the CCG).

Your details

Name: Dr Agrawal Practice address:, 58 Great Russell St, WC1B 3BA

Job title: GP

Practice name: Museum Practice CCG (or similar body name): Camden

Your signature: *Archana Agrawal*