MINUTES OF PRACTICE MEETING 25TH JANUARY 2006

TO DISCUSS RESULTS OF PATIENT QUESIONNAIRE 05/06

QOF INDICATOR PE4

PRESENT:

Doctors: Beasley; Barton; Peters; Brigg; Brook; Knapman

Practice Manager: Mrs Bohling Senior Practice Nurse: Sister Lee Office Manager: Mrs Gander

PCT Lay Assessor: Julie Hawksworth

1. KEY FINDINGS: we felt encouraged by the large number of complimentary and positive comments from our patients.

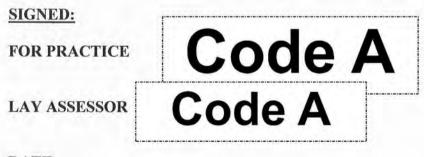
The areas where comments were least positive were generally predictable. These are waiting times & getting through on the telephone.

- 2. POSITIVE RESPONSES: these were noted as doctors explanations; doctors care & concern for their patients; doctors patience; the amount of time the doctor spends with the patient; satisfaction with Receptionists and overall satisfaction with the Practice.
- 3. LEAST POSITIVE RESPONSES: these were noted as availability of a particular doctor; the availability of any doctor; 'phoning through to the Practice; ability to understand the problem after the visit to the doctor; the ability to cope with the problem after visiting the doctor.
- 4. AREAS WHERE WE DEVIATED MOST FROM THE NATIONAL BENCHMARK: We noted three areas where we were below the national benchmark
 - a) Availability of a Particular Doctor: we felt that we should give a better explanation to our patients that with the advent of the New GMS Contract patients are no longer on the list of an individual GP but are Patients of the Practice. We still do our utmost to provide continuity of care. However, with pressure on appointments it may not always be possible for a patient to see a particular doctor.
 - b) <u>Availability of Any Doctor</u>: after discussion we feel that with the Practice having to fulfil the requirements of the New Contract this has put pressure on our appointment system. This is because patients are being called back by the GP to gather –up data for QOF.

C) <u>Phoning the Practice</u>: we are aware that when our telephone lines are first opened at 8am they <u>are</u> very busy but for most of the day we believe our patients can get through relatively easily.

5. PRIORITY FOR ACTION:

- a) <u>Availability of Any Doctor</u>: we are already addressing this in the way that we have improved our triage; patients unable to get an appointment are seen and triaged by the Practice Nurse and Duty Doctor together.
- b) Availability of a Particular Doctor: We feel that we should provide an explanation to our patients that following the advent of the New Contract, we no longer have individual GP lists. The proposal is to produce a notice for the waiting room informing our patients; to write an article for our newsletter & to refer to this in our Practice Booklet.
- c) Phoning the Practice: It was decided that the Practice Manager will be tasked with investigating the installation of a queuing system on our telephones so that patients are able to get through when they phone even if the lines are busy. The patient would receive a voice message advising them all lines are busy & they will be answered shortly. We feel this is preferable than continually getting the engaged tone and having to redial. We did note the large number of patients seen in the Practice & we may consider some lunchtime surgeries to ease the situation, ease patient flow (less crowded waiting room) & to assist the Receptionist workload.
- SUPPORT TO ACHIEVE OUR PRIORITIES FOR ACTION: we did not identify any support that would be needed to achieve the improvements in our service.
- 7. CONFIDENTIALITY: our lay assessor asked us about confidentiality issues especially at the Reception Desk: we have a notice that advises patients that if they want to speak to the Receptionist in confidence that we have a room alongside the reception desk for this they have only to ask. We are also researching the purchase of a Patient Check-In system for the waiting room which will give a greater degree of confidentiality for our patients.
- 8. The meeting was concluded.



DATE