

The Osmaston Surgery Patient Participation Group

Our first meeting of 2012 took place on Wednesday 25th January.

Topic – The Appointments System

Date of next Meeting Wed 21st March 2012 2.30pm

Chair Tanya Willison (TW) Reception Manager
Suzanne Rigbye (SR) Practice Manager

Representing the practice and on hand to answer any specific queries, Dr's Shand, Warner, Sagar, Sheers and Dr Ulrike Artus, Sally Harrison Nurse Manager, Bev Rothermel IT & Admin Manager and Fatimah Mahmood Receptionist

Some of the points raised in the meeting had been submitted in advance by patients unable to attend on the day.

The following comments were submitted prior to the meeting by a service user who was unable to attend:-

I am appalled that the surgery has decided to adopt a more corporate image by installing a phone system that monitors and records telephone calls.

The response to this particular concern is that all calls to and from the surgery are recorded for the purpose of monitoring the quality of service delivered and training. It also helps to protect the interests of both staff and callers in the event of a complaint or incident, ensures that quality standards are being met and to prevent or detect unauthorised use of the telecom system.

The service user was however, encouraged by the messages on the phone system and prescription request slips re forth coming events, this was viewed as a positive step forward and supported by those in attendance but it has been suggested that messages on prescriptions are in bold. Bev will look into this.

The service user appreciates that reception staff have a difficult job to do and has never had any complaints, he does feel that we tend to undersell ourselves and that staff should be more specific when informing patients that the doctor is not available for the rest of the day. He felt some staff give the impression that GP's workload has ended for the day and appreciates that this is not generally the case. TW reinforced this by adding GP's will hand responsibility over to the duty doctor to allow them time to visit patients at home, process paper work and view reports post investigation etc

The service user expressed concerns re not being able to book an appointment more than 2 weeks in advance.

Dr Shand explained that if a patient makes an appointment for more than 2 weeks in advance the chances are after 2 weeks they may start to feel well again and therefore less likely to attend a follow up appointment. This increases the number of missed appointments. The Practice does have the facility of a reminder service via SMS text messaging however, in order to proceed with this service we must ensure that mobile telephone numbers are current, and that written or verbal consent has been obtained and documented.

MS raised concerns that she attempted to book an appointment within 2 weeks only to be told by reception she was not able to do so and no further explanation was offered. MS felt that there are inconsistencies in what the staffs are telling patients. TW apologised on behalf of her team and explained in brief how the appointments are released. MS felt reassured by this explanation. Service users in attendance all agreed that if staff took the time to explain this would result in fewer complaints. TW acknowledged that some of the more inexperienced

staff may be less confident when handling calls and highlighted that this is a regular topic for discussion at staff meetings.

TW discussed future plans for appointments on line. The practice website is developed and updated on a regular basis by Bev, we anticipate a move towards limited availability of on line appointments in the very near future this service is not intended to replace the current system of making an appointment over the phone.

NC suggested a stacking system of calls rather than offering an engaged tone, it was explained that we have 4 incoming lines and calls are stacked however once all those lines have calls stacked the system will automatically display the engaged tone.

AM expressed some concerns that hospital discharge letters do not reach the surgery in a timely manner; his concerns are shared by the doctors. It was highlighted that not all specialities forward discharge letters electronically, this is working progress.

PS commented, 'As a longstanding patient of the practice I have no concerns, I think the staff are very helpful and cannot see what the practice can do to improve. The times that appointments are offered are varied and should suit all.'

Issues posted via the website

1 - Very happy with the current appointment system concerned that the surgery is expanding and not enough doctors to cope with the work load, in response to this TW explained we have a practice list size of approximately 15,400 patients and continue to accept new registrations however the practice has employed locum GP's to cover maternity leave and there are plans to increase the partnership. We endeavour to offer patients an appointment with their usual doctor, but this is not always possible at short notice.

2 – My GP sent me a letter inviting me to make an appointment to discuss the results of my recent blood test. When I contacted the surgery I was told that there were no appointments available. TW discussed this with the practice manager; it was identified as a problem not exclusive to anyone individual. As a result of this the appointments system has been updated and each doctor has an appointment reserved on a daily basis that can be offered to patients who have been asked to make a follow up appointment post investigation. Dr Shand stressed to the group that as a practice we take a positive approach to any complaint received and use these as a means to improve.

It has been suggested that to reach our wider population forthcoming events should be advertised in the Derby Evening Telegraph.

Handouts detailing the appointments system were available to all alongside copies of the January News Letter; this information can also be found on our website www.osmastonsurgery.co.uk

