

THE CROWN SURGERY PATIENT SUGGESTIONS

Thank you for providing the practice with your suggestions. Here are our responses;

Patient Suggestion / Comment	Practice Response
<p>Patients not to call other patients through. Use number system as some may not want others to know who they are.</p>	<p>We are having a Patient Information TV Screen installed in October/November, which will also automatically call-in patients.</p>
<p>Too much chatter on answer phone</p>	<p>Our assumption is that the 'answer phone' refers to the welcome message when calling The Crown Surgery.</p> <p>Following the upgrade to the telephone system, there has been extensive research that suggests having a welcome message from one of our GP's helps patients to understand the need for Reception staff to ask patients what their problem is in order to ensure they are seen in a timely manner and by the most appropriate clinician.</p>
<p>Perhaps a few less signs/notices. I realise this is difficult but too many lead to reading none!</p>	<p>There are some signs that the Practice has to legally display, i.e. Data Protection Certificate, music licence, Employers liability Insurance etc...We are also strongly encouraged to have a Carers Noticeboard as its recognised that a large proportion of the population care for or have a carer. We also try and have a display in line with health promotion events, i.e. our female patients are currently being called for breast screening therefore we feel it's important to provide information to try and remind and encourage as many woman as possible to attend for their screening. Similarly we plan to do a flu campaign shortly in order to remind and encourage patients to have their flu vaccination.</p> <p>We do try and keep patient information posters to a minimum but regulatory bodies, i.e. CQC and Data Protection do recommend certain ones of which we aim to adhere to.</p>
<p>Suggestions re Ordering of Repeat Prescriptions over the telephone;</p> <ol style="list-style-type: none"> 1. I miss being able to ring-up for prescriptions. 2. STUPID DO NOT DO IT! – old people are not computer literate! 	<p>We understand that this will cause difficulty for some patients but to help you understand and accept why the partners made the decision, having discussed it first with the Patient Participation Group, below is our response.</p> <p><u>Safety</u> Telephone orders allow more room for error as understanding the request can be difficult due to accent, dialect, pronunciation, background noise and the quality of the recording. Once received, a verbal order must be transcribed as a written order, which adds complexity and risk to the ordering process. The only real record of a verbal order is in the memories of those involved.</p>

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	<p><u>Auditing</u> If prescribing errors are made it is essential that we are able to identify how and why the problem arose. This is not possible with the answerphone system as it does not allow us to digitally record and store messages. Instead the tapes have to be deleted and re-used which makes it impossible to ascertain why a mistake may have been made.</p> <p><u>Efficiency</u> The present system takes up a lot of staff time. If a request is not clear the tape may have to be played several times and even then staff often have to ring the patient to clarify their request. On other occasions patients' messages are cut off as they cannot complete their request before the tape runs out. This can then cause frustration when a patient comes to collect their medication only to find an item is missing.</p> <p>For the reasons above ordering prescriptions by phone is no longer considered safe or satisfactory and in fact we are the last practice in the area to withdraw the service.</p>
<p>It is frustrating waiting not knowing if appointments are running late or by how long. It would be better if patients knew how long they were likely to be waiting.</p> <p>I have had to wait 30 mins today for the Nurse – needs looking into – allow 5 mins extra or have a gap of 15 mins to catch up.</p>	<p>Unfortunately due to complex consultations, our clinicians do sometimes run late. When signing in electronically the check-in system should inform patients if the clinician is running late and by how long. Where clinicians are running more than 20-30 minutes late, Reception staff are expected to let patients know and offer the opportunity to re-book if they wish to.</p> <p>I will ensure that Reception staff are reminded of their duty to inform patients where clinicians are running late.</p> <p>It wouldn't be efficient to increase appointment slots or have breaks to catch up as this would reduce the number of available Nursing appointments.</p>
<p>Ridiculous long delays before you see a Dr.</p>	<p>There has been a number of staff changes this year, Dr Bland retired in April 2017 and we were lucky enough to replace 70% of his time with a part-time Salaried GP. Dr Seddon also left to take up a Partnership in another area but unfortunately, due to a national shortage of GP's we have been unable to recruit, so have therefore been carrying a vacancy since he left. There is also a shortage of Locum (temporary) GPs to provide cover so have not been able to secure one. We have added additional urgent appointments to try and meet demand but it has been a difficult time. We do have a new full-time Clinical Practitioner starting in October who will be able to assess and treat many patients who would have traditionally seen a GP.</p>

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<p>Suggestions re Reading Material;</p> <p>I wish we could have reading material, magazines, books etc.</p> <p>Very poor selection of reading – waiting 20 minutes with nothing to read!</p> <p>I would love to have access to good interesting reading matter.</p>	<p>There is a small supply of magazines which patients and/or staff kindly donate. We do rely on such donations.</p> <p>Alternatively patients can bring their own books/magazines/newspapers etc. to read.</p>
<p>I think that when patients ring the surgery the staff should give their name when they answer the phone and also when leaving messages.</p>	<p>All Reception staff should give their name when answering the phone and I will ensure staff are reminded of this.</p> <p>With regard to leaving messages, due to the Data Protection Act rules we can only leave a contact number when leaving messages.</p>
<p>Your external post box for prescriptions is insecure. The slot is very wide and in my profession I have dealt with theft from post boxes. Thieves use tools to take items out.</p>	<p>The post box is emptied on a regular basis. The area where the post-box is situated is also covered by CCTV which runs 24 hours a day, 7 days per week.</p>
<p>Suggestions re Music;</p> <p>Couldn't wish for a better surgery. Just wondered if the music could be a little less loud please.</p> <p>Must the music be so very loud, certainly not relaxing.</p> <p>The music in the waiting room is terrible!</p> <p>The waiting room is rubbish, get some better BEATS!! One time I came there was no music at all.</p>	<p>Following discussions at the Patient Participation Group, a poster has been produced, and is displayed in our waiting areas, to explain why we have music playing, as follows;</p> <p><i>Please be advised that the music is not for your entertainment. Given the age of the building it has proved difficult to ensure effective sound-proofing and so the music is played only to preserve and protect the privacy of consultations in the rooms leading off the waiting areas.</i></p> <p>Unfortunately everybody's taste in music is very different, therefore we try to provide a range of different genres.</p>

I would again like to take the opportunity to thank our patients for taking the time to complete the Suggestion Forms.

All your comments will continue to be discussed at Business Meetings and also with the Patient Participation Group. This briefing will also be updated on a quarterly basis.

Lucy Evans
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