

5 mins	Q2	CL
<p>Discussion: Q2: When you last called the surgery to make an appointment, were you offered the choice of a telephone consultation with a GP who would decide on the appropriate outcome of your medical complaint?</p> <p>62% of the patients who responded were offered the choice of a telephone conversation with a GP. 28% did not. 4% could not remember.</p>		
<p>Conclusions: Telephone Triage Sessions are only available on certain days when the demand exceeds supply.</p>		
Action items:	Person responsible:	Deadline:

10 mins	Q3 / Q4	CL
<p>Discussion: Q3: Did you have to wait long before a doctor telephone you?</p> <p>Q4: How do you rate the waiting time?</p> <p>Q1 - 30% of patients who responded had their call returned by a GP within 5 and 15 mins. 48% of patients who responded had their call returned between 15 and 30 mins. 20% had to wait more than 30 mins. 6% did not remember.</p> <p>Q2 – 80% of the patients who responded rated the waiting time as Excellent to Fair; only 4% rated the waiting time as poor to very poor. 4% did not comment.</p>		
<p>Conclusions: Need to increase telephone manning during busy periods. From 8th^h May, we will have 2 Maternity Locum GPs offering more clinical sessions (both face to face and telephone) and this until November 2012. This will improve on GP call back time.</p>		
Action items: As of 2 nd April 2012, we will have one more receptionist to answer the telephone (Tuesdays and Thursdays).	Person responsible: Practice Manager	Deadline: 02APR12
We will also make arrangements for flexible phone back times for patients who are at work and cannot sit and wait for a GP to call back.		
GPs to improve on call management techniques to reduce call back waiting time.	GPs	Deadline: Ongoing

5 mins	Q5.	CL
Discussion: Q5: When you spoke to the doctor on the telephone, did the doctor listen to you carefully and ask for a detailed history of your problem?		
74% of the patients who responded said yes; only 6% said not; 4% did not remember; 16% did not respond.		
Conclusions: The response from patients is very encouraging. The GPs will ensure that this level of patients' satisfaction is kept at the current level.		
Action items:	Person responsible:	Deadline:

5 mins	Q6	CL
Discussion: Q6: Were you offered opportunities to ask questions?		
66% of patients who responded said yes; only 2% said no; 16% did not remember; 16% did not respond.		
Conclusions: The positive response from patients is extremely encouraging. The partners will endeavour to continue to improve on rapport building; listening skills and explanations to patients. GPs will carry on their regular weekly clinical meetings regarding specific medical topics/difficult cases.		
Action items: GPs will be sitting on each others' consultations and will give feed back on how to improve consultations skills.	Person responsible:	Deadline:
Reflective learning with feedback from peers.		

5 mins	Q7-Q8-Q9	CL
<p>Discussion: Q7: Did you understand the instructions given to you by the doctor?</p> <p>Q8: Were you free to ask questions about anything that was not entirely clear?</p> <p>Q9: Were you offered sufficient information to allow you to manage your problem yourself?</p> <p>Q7: 78% of patients who responded said yes; only 2% said no; 6% did not remember; 14% did not respond. Q8: 74% of patients who responded said yes; 0% said no; 8% did not remember; 18% did not respond. Q9: 56% of patients who responded said yes; 14% said no; 10% did not remember; 20% did not respond.</p>		
<p>Conclusions: The positive responses from patients are yet again encouraging.</p>		
<p>Action items: With regards to Q9 responses, GPs will need to be sure that the instructions given to patients are clear and understood</p>		<p>Person responsible: GPs</p> <p>Deadline: Immediate</p>
10 mins	Q10-Q11	CL
<p>Discussion: Q10: I like the GP Telephone Triage service because ...</p> <p>54% of the patients who responded felt it was more convenient and quicker than visiting the surgery. 50% of the patients who responded felt that the service offered an easier access to medical advice and education which they could use themselves without having to see a doctor. 48% of the patients who responded felt that the service increases access for those who find visiting the practice difficult for whatever reason. 36% of the patients who responded felt it was a better form of follow-up for non-urgent or well-controlled conditions such as asthma. 30% of the patients who responded felt that it reduces visits (both to the surgery and to patients' homes) which reduces the carbon-footprint and traffic congestion 14% made personal comments.</p>		

Discussion: Q11: I dislike the GP Telephone Triage service because ...

40% of patients who responded felt that it created frustration with engaged telephone lines when attempting to call the surgery for same-day appointments.

38% of the patients who responded felt that a doctor may need to examine them to make a proper medical judgement.

30% of patients who responded felt that it reduced access for some patients (eg people with sensory or cognitive impairments, those with poor English, households without a phone)

24% of patients who responded felt that it made it more difficult to see a doctor

18% of patients who responded felt that there was little provision for appropriate monitoring of the patient or follow-up care.

12% of patients who responded felt that it led to premature decision-making or too early closure in the consultation.

12% made personal comments.

Conclusions: The positive response from patients is extremely encouraging. Telephone consultations is a method for GPs to evaluate patients' symptoms over the telephone and to help manage the demand for appointments when supply outstrips supply in order to prioritise emergencies. It can also help with reducing unnecessary A&E attendances as patients can be brought in by the GPs and seen within primary care.

Everyone agreed that we needed to increase the number of routine appointments; this will be achieved once both maternity locums are in place. This will mean 2 hours of extra appointments in Mondays; 1 hour on Wednesdays; 1 hour on Thursdays; 2 hours on Fridays.

Action items:	Person responsible:	Deadline:
The practice is currently participating in the Doctor First Pilot and will offer 3 additional hours per day of Telephone/face to face appointments during the month of March 2012 (4 days a week). This will not only improve on surgery access and call back waiting time, but also help determine whether the service will have an impact on reducing unnecessary A&E attendances during the month of March.	All GPs	During March 2012

FINAL CONCLUSION:

Catherine to draw up a **Patient Participation Action Plan 2011/12** following the discussions of the meeting. Results of the practice survey and proposed action plan will be emailed to the members of the Patient Participation Committee for approval. Results of the practice survey will also be published on the Practice Website and in the Spring 2012 Newsletter together with the approved action plan.