

PARK SURGERY, HORSHAM

PATIENT SURVEY 2016

The practice conducted an extensive patient survey in late 2014 the results of which are reproduced elsewhere on the website. This survey, and those of previous years, highlighted problems with parking arrangements at the practice, issues with the telephone system and access to GP appointments. The practice was unable to increase the availability of car parking spaces but did make a commitment to change the telephone system and improve access to appointments.

In 2015 and 2016 Committee Members of the Friends of Park Surgery, our practice patient participation group, felt that another survey would not be of value until the changes had been made and could be assessed. It was felt that smaller online surveys could be conducted for specific purposes should the need arise. In the meantime the FOPS PPG committee members were very keen to promote the www.iwantgreatcare.org online survey which they did by approaching patients in the waiting rooms, over the course of two weeks in Spring 2016, to encourage patient to complete the [iwantgreatcare.org](http://www.iwantgreatcare.org) survey in hard copy format as well as online.

An internal survey of each individual doctor was also carried out in December 2016.

The practice analysed responses to the [iwantgreatcare.org](http://www.iwantgreatcare.org) on-line survey in 2016 and these showed that out of 344 people who responded 206 commented on the surgery services as below:

RECEPTION		APPOINTMENTS		CAR PARK		SURGERY	
Positive/negative		Positive/negative		Positive/negative			
Positive/negative							
10	4	15	55	0	5	73	3

Comments on [iwantgreatcare.org](http://www.iwantgreatcare.org) (attached) are usually very strong either positively or negatively and we are not able to respond direct to patients as they are usually anonymous. We acknowledge that we have an issue with access to GP appointments but that, when seen, patients are very happy with the services our doctors, nurses and staff provide.

Access To GP Appointments

In July 2016 we closed the practice list. This was because of concerns regarding our ability to provide safe patient care in the face of rapidly increasing numbers of patients combined with workforce issues and an increasingly elderly demographic. From August 2015 to October 2016 one of our partners was off on long term dependent leave and her patients were looked after by locums as we were unable to find a GP to fill a short term salaried role.

In October 2016 we were able to take on an additional salaried GP who is providing 6 sessions per week. A partner who is on a 6 month sabbatical from November 2016 has employed a long term locum to cover his patients fully. From July 2016 our list has been closed and will we have reduced the list by 500 patients by January 2017. We have, however, recently recruited an additional Advanced Nurse Practitioner who will join the practice in April 2017. The list will reopen on 24 January 2017.

1. Introduction of a new Communications Room

The room was opened in May 2015 – this was funded by the practice as an improvement grant application was rejected and the work had commenced before applications for funding were invited. The existing meeting room was converted into the ‘comms’ room with capacity for 8 staff members. In addition the phones can be answered at two other ‘behind the scenes’ desks on ground and first floor to ensure patient privacy and minimise stress levels for staff. Previously receptionists were answering the phones when also manning the reception desk which was unsatisfactory for patients and staff.

Since August 2016 our Advanced Nurse Practitioner has been based in the communications room for the first 2 hours of each day to triage calls before she starts seeing patients.

We ensure that some patients with dementia are rung on the morning of their appointment to reduce the risk of DNAs. Patients who DNA more than 3 times are reviewed and written to regarding their behaviour – we ensure that patients with depression and other mental health issues are recognised and managed accordingly.

The introduction of the comms room has led to more consistency from receptionists when responding to patients queries and the presence of our ANP has greatly improved receptionists understanding of patients medical conditions and the sign-posting they should be giving regarding their appointment.

2. Patient Surveys

Responses to the Friends and Family questionnaires were encouraged personally by FOPS members who based themselves in the waiting room over the course of 2 weeks in 2016.

3. Restriction on use of the Car Park.

Our car park is often criticised for its small size and awkward layout. In 2015 and 2016 there were many minor collisions and 3 severe incidents when, although no-one was hurt, there was severe damage to the building and to 5 cars. At a PPG meeting in November 2016 it was agreed to limit the use of the car park to disabled patients and doctors only and this was implemented in November 2016 on an experimental basis. Cones and portable barriers are in use to section off the car park. To date this appears to be working and the car park is used less frequently and no major complaints have been received – there are two pay and display car parks adjacent and a multi-storey across the road.

Ends