

RESPONSES TO MARCH 2013 QUESTIONNAIRE RESULTS

Q. Perhaps more staff available on reception/enquiries to answer phones. Also, there used to be a water cooler in the waiting area - could this not be reinstated?

A. There are usually 9 staff members available to answer the phones in the morning from 8 am. At times of high demand we may have up to 1,000 telephone contacts in an hour which is why we ask patients to ring at other times if their call is not urgent. We have a water cooler at the back of reception – we found that children were playing with it and we had lots of spills! Patients who would like or need some water may ask at reception.

Q. Although I have put DR S Fisher as the person I saw most often I have seen a different Dr each time. On line making of appointments please. Phoning at 8am is impractical.

A. We are considering on-line appointments but do feel that personal contact with reception ensures we can manage the available appointments better and signpost patients to alternative services when appropriate eg pharmacist, medical secretary, repeat prescriptions.

Q. This week I asked to see Dr. Logan and I was given an appointment in 10 days time, I could be better by then!

A. Patients who ask to see a specific doctor will have to wait until that doctor has appointment availability. If urgent you should be seen the same day, albeit by another doctor. If not urgent but you want to be seen sooner than 10 days, then one of our salaried doctors may see you.

Q. The appointment system needs to be addressed, and also if you have to wait for a long time in the waiting area to see your doctor, it would be helpful if the receptionist could advise you of a delay

A. The appointment system is subject to constant review. The surgery finds that requests for appointments often does outstrip availability. Our receptionists should indeed advise you if your doctor is 'running late'.

Q. A little more helpful appointment arranging would be most beneficial, including dates beyond two weeks, rather than taking the obstructive stance that often is taken by some receptionists.

A. You should be able to book beyond 2 weeks with your doctor unless they are on leave.

Q. Sometimes it is difficult to get an appointment especially at times of epidemics. If we are trying to get an appointment by ringing first thing in the morning by the time one gets through to the receptionist all the appointments have gone! This probably isn't your fault but it is very worrying if you need an appointment quickly because of feeling very unwell!

A. If we are unfortunate enough to have an epidemic then there will be less availability of appointments generally I'm afraid. If you do need an urgent appointment you should be able to be seen in the acute unit, if this is fully booked then our receptionists will advise accordingly. You should be offered a telephone call from a doctor to assess the urgency of your problem; you may also be advised to contact Crawley Health Centre which provides a walk in service.

Q. Waiting times for a non urgent appointment can be up to a month. Yes, you want to treat as many patients as possible; but perhaps your surgery is over subscribed?

A. You may have to wait to see a doctor or your choice for a month if they are on leave, off sick or have been engaged in outside activities for example appraising or training other GPs. You should always be offered an appointment with an alternative GP. We have 23,100 patients and have recently reduced our boundary in an attempt to slow down the rate of growth of the practice list. According to local rules we are unable to close our list at present – so cannot manage the size of our list in this way. We are also acutely aware of the new building that is taking place in Broadbridge Heath and around Rusper. Patients moving to these new developments may well choose to register at the surgery.

Q Perhaps some receptionists could be taught to smile, come are good some not so good. Perhaps a child free day would be nice. The attitude of some ground floor receptionists sometimes seems to suggest that patients get in the way of their work and prevent them from chatting to colleagues.

A. We are obviously very sorry if any patient feels that they have not been welcomed properly by our receptionists. Sadly they do receive a lot of verbal abuse both face to face and over the telephone and their demeanour may be affected after such an encounter. Receptionist should obviously not be chatting to colleagues if patients are waiting to be seen, but can and do discuss work issues at the front desk if necessary. I do not think that a child free day would be appropriate or acceptable to parents.

Q. Why do receptionists always ask for patients date of birth first?

A. Reception staff locate the patients' record by date of birth because this is the most reliable form of identification. Names can be shortened or misheard over the phone, and some spellings can be difficult so it is usually the DOB that is entered onto the system with the name check as the second method of identification.

Q. Have just returned from 3 months holiday which should have been picked up from my repeat prescription notes but have already had 2 requests to attend for a blood pressure check, one dated Jan. 25th when I did not return until early March. No problems but it seems a waste of time and money.

A. We do not usually record the fact that patients are away on holiday.

Q. In surveys such as this I believe you should differentiate between ones own Doctor and Doctors in general. i.e. it is usually possible to see a Doctor on the same day, but to see ones own Doctor could be weeks away. I am not complaining about this, just stating that the answer to a question can have different answers.

A. In our previous survey we were able to set it up so that questions were answered about individual doctors, but that meant that the questions about the practice could not be easily collated. We do, however, plan to run more surveys later in the year so that you can answer queries about a specific doctor.

Q. An item has been removed from my prescription list, I was not told why, I feel I should have been, it should not have been left for me to ask why, incidentally it is an item that I need fairly frequently.

A. Items on repeat prescriptions lists are only removed if the patient has not requested them for six months or more (except antihistamines for seasonal hay fever sufferers) or if the medicines management team at the PCT (now CCG) have asked us to change a branded medication for generic, or vice versa. In this event your supply should not be interrupted. If the medication has not been requested for a while it will need to be reissued but only after the doctor has reauthorized it. If this was not the case then please do contact the practice for an explanation.

Q. Warfarin blood tests cannot always be booked ahead for the date advised on the test result form.

A. It may be that the blood test appointments are already booked up. The service at the surgery is intended to be secondary to that provided at Horsham Hospital and Crawley Walk-in Phlebotomy service. Patients can be seen in either of those locations if the surgery service is booked up.

Q. You have taken action to introduce another phone number - very good. I have not tried it but I hope the answer time has reduced as well.

A. Thank you! We do hope this does help patients who do not wish to use the 0844 number. Patients using this number ie 01403 330266 will find that they join the same queuing system as those patients who ring the 0844 number. The practice's telephone bill has gone up over 400% (!) over the past few years due to the increased use of mobile phones.

Q. More privacy at reception which is very open to the upstairs waiting area.

A. We have pondered how to improve privacy at reception but this is very difficult bearing in mind the layout of the premises. We do ask patients to stand back behind the barrier to afford patients at the desk a little more privacy. Patients who wish to discuss issues in private should inform a receptionist who will take them to a private room.

Q. It would be good if the telephone's could be answered each time, sometimes it seems there is nobody there.

A. There will always be someone available to answer the telephone, but at busy times it may take longer to answer the phone than we would like. Patients often have quite lengthy conversations with staff which does mean incoming calls may not be answered as promptly as we would like.

Q. Could have been more Parking space for all the time.

A. We have very few parking spaces which are difficult to manage to the satisfaction of all users.

Q. Haven't yet mastered your new prescription on-line repeat prescription service.

A. Please do keep trying the new system! – patients are saying that it is working very well for them.

Q.I wanted to see my own GP regarding on ongoing condition, it took a month before I could see him. The doctor ordered a blood test then it's twelve days wait to an appointment to take blood. Then another wait to see a doctor, being told that there are no bookable appointments ring at 8:00 tomorrow when you will be 134 in the queue. In the mean time I feel less than my best.

A.I am sorry that you have had to wait at each stage of your check for your ongoing condition. This may well have been due to the doctor being away on leave; compounded by the wait for your blood test. If you do find you are held in the phone queue (maximum 50 not 134!) please note that with 9 staff answering calls you would have the equivalent to 5 callers in front of you. I would suggest you ring later in the day for a non-urgent bookable appointment.

Q.Would like to be able to see Drs much quicker. Realise how busy they are - so is there a need for extra Dr to be recruited to the Practice?

A.In theory we do have enough doctors to see all the patients in a timely fashion and this is certainly true when all doctors are available but as soon as doctors go on leave, have to attend external meetings or are off sick the availability is affected and it is not always possible to employ locums. In an ideal world we would have another 2 doctors available to see patients but at the moment our building is at capacity and despite some inventive timetabling we just do not have the room, nor the funding, for more doctors

Q. Early morning appointments for those patients in full time employment ie 7am.

A. A recent survey indicated that some patients would like early morning appointments and some would prefer evening appointments. There was not, however, a huge demand for appointments far out of core hours (8am to 6.30 pm) and when making such time tabling decisions we do have to bear in mind the cost and security of the staff who would also need to be available at those times. At present we are not available to provide such a service.

Q. A walk-in blood test facility would save the time taken to book (sometimes some weeks ahead). Could online appointments for doctors and the diabetic clinic be introduced?

A. There is a walk-in service at Crawley Hospital. We would not operate on such a basis as we have to ensure all time is used ie allocated and booked. We may be able to consider on-line appointments for patients with a chronic medical condition such as yourself and that is a good idea. Thank you.

Q. Appointment punctuality.

A. The doctors do run late from time to time and this is unavoidable. Sometimes patients problems need longer than the standard appointment time of 10-12 minutes, for example if the doctor has to break bad news or if the patient is facing a recent bereavement. In such circumstances the doctor will give that patient all the time they need to help and support them as they come to terms with their problem.

Q. Having a doctor available when surgery is closed ... at least for listening and advising. Option to book an appointment a few days ahead; the 8am phone in is very stressful and difficult for working people.

A. The new 111 service is designed to replace the existing NHS Direct who can be contacted for general advice. The new 111 system is, however, still experiencing teething problems.

Q. The service in the pharmacy but maybe this is not in your direct control

A. No, if you have any concerns re the pharmacy please contact them direct.

Q. Unfortunately there are far too many of us in the South East and as we think that we are the most important we must realise that others are suffering. More staff to be on duty for longer hours would be ideal - BUT ????

A. Sadly as with all things there is a cost implication and we just do not have the budget for an increase in staffing levels.

Q. I do not visit very often and then I tried to ask about a couple of problems at my appointment, but was restricted to one. So I had to make another appointment! I appreciate I cannot take up masses of time but it must be more time-effective to sort both problems at one visit.

A. It really does depend on the nature of your problems. A 10-12 minute consultation is not really long enough for the doctor to take a full history of 2 separate issues, perhaps make an examination and then discuss the treatment options with the patient. It puts the doctor under pressure and may result in a hurried consultation which is why we ask patients to only present with one problem if possible, particularly in our acute unit which is very much for urgent problems only.

Q. PLEASE PLEASE PLEASE can the mindless canned music be switched off in the waiting rooms? It is grim to listen to, and after a 30 or 45 minute wait to be seen I am climbing the walls! If you feel we patients really need to be distracted please put up a silent TV screen or two - viz Gartwick Park, where there is a peaceful and quiet ambience as you wait.

A. It is intended that the piped music helps to create a relaxing atmosphere in the waiting room and also helps to mask conversations at the reception counter in an attempt to improve patient confidentiality. I am sorry that you do not like the music – some patients do find it helpful. Some people find the silent TV screens very annoying as without the sound you have to read the flickering messages at the bottom of the screen.

Q.If I phone later in the day after the peak period (say after 9.30) suggest you switch off the long message asking you to phone after 9.30 if not urgent etc etc.

A. I am sorry but the bulk of the message does apply throughout the day.

Q. The experience of asking for a home visit ... and the time allocated 10.30am to 12.30 pm. In my opinion this is unreasonable. Phone lines can be busy, If a patient is not feeling too good earlier on in the morning, one may wait to see if the symptoms ease off. If this should not be the case, one may not be able to have contact with surgery during the allocated time schedule, due to the surgery phones being constantly engaged. Experience.....to be told by the surgery to bring the patient to the surgery. This is not always possible due several scenarios. age, mobility, and symptoms.

A. We do ask patients to advise us of any visit requests by around 10.30 so that these may be planned into the doctors day. Visits phoned through later in the day when the doctor is already out on their rounds may have to wait until after the doctor's afternoon surgery and the patient may not be seen until after 6 or 6.30 pm which is not ideal. If the visit is urgent, however, we would always visit, or possibly send a paramedic practitioner to assess the patient. If the doctor needs to visit urgently we would cancel that afternoon's appointments to allow them to do so; or advise the patients in surgery that the doctor has been delayed. We do not only visit between 10:30am and 12.30pm but do prefer to stick to these times if possible.

Q.Stating the obvious - car parking. But to the observer a difficult problem to resolve.

A. Very difficult and we did consider restricting the car park's use to disabled patients and doctors only, but this would make things very difficult for patients who just needed to pop in for a prescription perhaps, or for those feeling really unwell and not able to walk from Swan Walk car park.

Q. Just a suggestion: An area where people could ask for or find information that they would like to keep off the 'record' from their GP. For example: Local sexual health clinics, Drug/alcohol misuse services, Counselling services, Domestic violence advice, Mental health services etc.

A. Such information is readily available on our website www.parksurgery.com If you don't have internet access please ask to see the receptionist privately and she would advise you – nothing would be recorded on your records, although I would suggest that if you have need of such services your doctor may be the best person to see in the first instance.

Q.I still object to paying for phone calls to the surgery. It appears to me that the medical profession is highly rewarded as it is: extracting money from pensioners such as myself to boost the medics' pecuniary rewards is much resented, putting it at its mildest.

A. We have an alternative phone number for patients who do not wish to use the 0844 number ie 01403 330266.