

Action Plan – Telephone & Appointment Access

PPG Areas of Concern/Suggestions for Improvement	Richmond Surgery’s Feedback & Action to Address	Proposed Timescale. Progress comments are in red
Telephone Access	1. Call Queuing System - Investigate reinstatement of old standalone equipment, monitor for a period of 6 months for success and patient feedback.	Immediate 04/12 Old system was not a call queuing system, but a call filtering piece of software run on old pc. No longer viable.
	2. Additional phone lines – not agreed at present.	N/A
	3. Investment in a new digital telephone system that will incorporate additional phone lines, a modern Call Queuing System and Call Filtering System.	Anticipated 6-9 months following completion of planned extension works. 08/12 – Progress continues to be underway with extension plans. Currently hoping to commence building works in early 2013.
	4. Increased use of Online Appointment System and increased patient awareness.	Ongoing. Investment budget to be agreed to increase patient awareness to achieve an overall 50% patient registration by September 2012. 09/12 – Approximately 35% of patients have registered for online appointments. 02/2013 – This has increased to 47%
Appointment Access	1. Increased patient awareness of new access to care: <ul style="list-style-type: none"> • Online Appointment system • Evening Commuter Clinics • Minor Illness Clinic • Telephone Consultations 	Ongoing. Investment budget to be agreed to increase patient awareness Online System: 04/12 Reminders to collect final registration paperwork applied to patient records which will flag when a patient is in contact with surgery. Prescriptions via local pharmacy to have reminder note attached. 05/12 onwards – all clinics are regularly promoted in our regular Newsletters and via

		<p>the Digital Information Screen. 08/12 Newsletters are now emailed to patients to increase patient awareness of surgery services. 11/12 Excellent feedback from patients regarding the emailing of Newsletters. These are also now made available in the patient waiting room as hard copies in dedicated Newsletter Folders, with PPG articles, complementary therapist articles etc 09/12: Vast majority of appointments for Minor Illness Clinic are booked by patients online. Potential to misuse the minor illness clinic when a GP is not available. This only causes inconvenience to the patient if the ailment is not a minor illness. Continue to monitor. 11/12 – Minor Illness Clinic temporarily suspended due to shortness of nursing staff due to long term sickness</p>
	<p>2. Telephone consultations with our Minor Illness Clinic Senior Practice Nurse</p>	<p>Under review. If proposal successful, immediate implementation. 04/12: trialling telephone consultations with the Minor Illness Clinic. Review in 6 months. 09/12: Minimal use. Patients prefer telephone consultation with a GP. Monitor for a further period.</p>
	<p>3. Increased Evening Commuter Clinics – start earlier</p>	<p>Under review, but currently not viable due to other GP commitments. Will continue to be reviewed regularly and be subject to demand. 08/12 Continue to review regularly. 11/12 GP workloads still too high to facilitate</p>

	<p>4. Morning Commuter Clinics 0730-0800</p>	<p>Discussed & agreed with NHSH Contract Manager. Implemented in March 2012 for nurses 3 x mornings per week. Implemented in March 2012 1 x GP trialling. If successful, further GPs will be made available by June 2012 08/12 Extremely successful. Always fully booked. 11/12 Commuter Clinics with the nurses continue to be fully booked. At the present time, additional GP morning clinics are not available.</p>
	<p>5. Appointment Reminder System</p> <ul style="list-style-type: none"> • Text Messaging • Email Messaging • Appointment Cards 	<p>Quotations behind obtained for Appointment Cards. If viable, implementation by June 2012. 04/12: Concerns on success on appointment cards as used in the past, but no reduction in DNAs. Simple reminder slips are available for patients who request. Revised quotations to be obtained for Text Messaging option. 06/12 Text Messaging introduced. High levels of work required to gain mobile telephone numbers. Email notification issued where possible notifying of new system & requesting up dated mobile number. 09/12 Positive feedback of new system. Continued high levels of work required to gain mobile numbers. Reviewing Voice Messaging to a landline. This was recently trialled as a Flu Clinic Reminder. 11/12 Flu clinic reminders by both text & voice extremely successful. The practice now uses Text Messaging to remind patients of other</p>

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		<p>areas of care. 02/12 The practice now has mobile numbers recorded for approx half the total patient count. Very few patients have asked to Opt Out. Feedback continues to be extremely positive at this new system</p>
<p>Additional Actions</p>	<ul style="list-style-type: none"> • Survey Results published on the Practice’s new website • Practice’s Action Plan published on the Practice’s new website 	<p>Immediately</p> <p>Immediately</p> <p>04/12 – Action Plan reviewed at PPG Meeting. 04/12 – Action Plan reviewed plus proposal at Practice Meeting. 07/12 – Updated and posted to website 09/12 – Updated and posted to website 11/12 – Updated and posted to website 02/12 – Updated and posted to website</p>