

Patient Reference Group (PRG) 2014 – 15 Action Plan

The idea for this year’s action plan came from concerns raised at a PRG meeting by one of the patient representatives:

‘RK expressed a concern about the length of queue at Reception on some occasions. This was echoed by other members of the group. RK suggested that a ticket system to save patients queuing at the front desk might be an option. HC suggested Mel Templer meet with RK to talk through any concerns and ideas that she has. RK and Mel to feedback at next meeting. All agreed this is a good way forward.’

RK and Mel Templer met to discuss the issues raised and to agree some improvements and on reporting back at the following meeting, it was agreed that these would form the basis of this year’s action plan.

Issue	Action	By When
<p>There is no chair in the Reception area for frail and unwell patients to sit on whilst waiting to speak with a Receptionist.</p>	<p>Currently there is no room to site a chair.</p> <p>To provide space for a chair the following will be done:</p> <p>The self-check-in screen will be moved out to the lobby.</p> <p>The sample collection box will be moved from its position in the corner by the lift and re-sited where self-check-in was.</p> <p>This will create space for a chair.</p>	<p>Within 2 months – batched with other cabling work within the surgery</p> <p>Moved temporarily to another position in Reception until self-check-in moved. It will then be re-housed there</p> <p>Chair (with raisers) sited in Reception now</p>

<p>Too much paper (posters) and notices in the Reception area, which make it look 'tatty'.</p>	<p>Review of notices, posters and patient information in the Reception area to assess which ones are essential.</p>	<p>By end of April 2015.</p> <p>Underway. Practice is currently looking into other ways of displaying information – framed posters, free-standing display stands</p>
<p>Self-check-in-screen not used as standard by patients checking-in. More patients self-checking for appointments would reduce the queues at Reception</p>	<p>Practice to investigate whether a second check-in screen can be added to the system to allow patients entering via the back entrance to self-check for appointments</p>	<p>Within 3 months</p> <p>This is proving problematical. The current check-in screen system is no longer supported by the supplier and is not available now. The Practice will need to invest in a replacement when the current screen is no longer viable</p> <p>At that time the Practice will investigate whether a two-screen system is available which is compatible with the surgery's clinical software</p>
<p>Queues in Reception.</p> <ul style="list-style-type: none"> - patients registering are blocking the Reception desk - patients collecting prescriptions are waiting for quite a while sometimes if Receptionist busy with other people 	<p>Patients to be given clipboards and asked to complete the registration paperwork in the waiting room</p> <p>A note to be added to repeat prescriptions, offering patients the option to sign-up for local pharmacy collection service</p>	<p>Implemented</p> <p>By end of March. An attachment to re-order forms has been devised</p>

	Practice to work in a cluster with other local practices to implement electronic transfer of repeat prescriptions to agreed local pharmacies (EPS)	Within 6 months (hopefully) This is dependent on the engagement of local practices and NHS funding
Follow-up appointments for patients who have seen a doctor and been sent to Reception to book one; lack of pre-bookable appointments available	Doctors to use the next steps cards Receptionists to be reminded that they can pre-book patients ahead at a doctor's request	Ongoing. In use currently and regular reminders issued All Receptionists have been informed and reminders issued by line manager

Not adopted:

A suggestion that a ticketing system is installed in Reception and patients take a ticket and take a seat in the waiting room until their number is called. They then approach the Reception desk. After discussion, it was decided that this would be difficult to implement and concerns were raised by the practice management that patients checking-in might miss their appointment and others might get forgotten in waiting room. Currently if a queue forms at Reception and the 'back' Receptionists are not on the phone they are expected to come forward to help. This will be reinforced to the Reception team by their line manager.

It was recognised that some customer service training would enhance the patient experience and support the Reception team in managing the patient flow. This has been arranged and the Reception team attended their first session in February. A follow-up session is planned later in the year.

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