# **GP Surgery Revisit Report**



# Clarendon Lodge Medical Practice -- Original visit: 23rd March 2015

16 Clarendon Street, Leamington Spa CV32 5SS

**Practice Information** \* Information received from Surgery

Practice Manager: Stephen Gallagher

Contact Details: 01926 331411

Stephen.gallagher@clmp.nhs.uk

## **Recommendations:**

### **Recommendation 1:**

The surgery look into the concerns raised by the patients in respect of the appointment booking system. One solution to this could be maximising the use of online appointment booking to reduce the amount of telephone traffic. [Surgery response at the time: \* We have over 3000 patients signed up to our online appointment booking system. At the moment patients are only able to book GP appointments in advance via this facility. The surgery will be migrating to a new system in August which may affect this.]

Has this recommendation been met? Yes  $X = No \square$ 

#### Comments:

Like most GP practices we have seen demand continue to increase over the last year. We now have three GP Registrars which has added approximately 150 extra appointments per week into the system. We continue to expand our triage system to offer further access. In spite of this, we are still feeling demand pressures. With this in mind, we are currently exploring the Dr First Model which has been adopted by other, larger practices in the locality with some success. Our research so far has involved visiting a Warwick practice with an additional visit arranged with a Kenilworth practice for this Thurs. Following that we will be liaising with our PPG with a view to implementing after sufficient patient consultation time.

We continue to promote online booking and now have 2,239 (17%) of patients with an active Patient Access account. Since we migrated clinical system in Aug, we have seen a steady increase in online booking of appointments. The fact remains,



however, that we have finite space within a building that is not purpose built with a list size that is continually increasing with no sign of abating.

We are testing opinion with our 300 strong PRG (with the help of our PPG) with regards to skype or similar remote visual consultation methods. This may present the opportunity to utilise rooms that we could not normally use for more traditional consultations.

In addition, and quite significantly, we are currently in reasonably advanced talks with South Warwickshire CCG, Warwick District Council and a third party developer to bring ourselves, along with two other local practices, into a modern, purpose-built facility in the Lillington area. This would allow us to expand our workforce and offer a wider choice of contact methods as well as additional medical and non-medical services.



Recommendation 2:

Informing patients on the day of any delays which may impact their appointment. Good practice seen at other surgeries has involved a notice board in Reception or the use of the electronic check in to notify patients of current waiting times.

Has this recommendation been met? Yes  $\Box$  No  $\Box$  Partially X

Comments:

Our new patient self check-in offered the facility to inform patients that the clinician was running late as they booked in. Over the last few months we have been experiencing technical issues with this feature. In its absence, our reception staff do inform patients if this is the case. It is difficult to maintain this at times of heighten patient demand, however, as dealing with patient's calls and presence at the reception desk must take priority for our staff. We have discussed introducing a call board, however, our GP prefer to call patient in personally. When doing this, they too will inform of late running and, obviously apologise.

Any additional comments:

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Authorised Representatives	Jen Gilder
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