



PPG Tabled Questions 22-01-2018

- 1. If we want to see a specific doctor in the Walk and Wait Clinic why can't we be told how many patients are ahead of us when we book in at reception? The directions are to remain in the waiting room but, if we know how many patients are ahead of us, why can't we leave and return within a reasonable time?**

Reception staff will usually inform the patients (if they ask) on the number of patients waiting for a particular GP. However, this causes complications especially as the number of patients waiting for a particular GP, does not include patients that have not requested to see that GP. For instance, the GP may have 6 people patients waiting to see them specifically; however the GP may see two or three patients in the queue before calling the first patient that requested to see them.

Patients will often let staff know that they are popping out to get a coffee or paper, however if a patient mentions that they are going home the receptionist must inform them that they will have to come back to the desk to report that they are back in the building.

In the event of an evacuation the WAWC list will be used to ascertain the number of patients in the building, this would be very difficult to manage if patients were to leave the building for a prolonged length of time.

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- 2. In a recent Walk and Wait Clinic, the t.v screen message said that two fourth year students would be seeing W and W patients and then "presenting" them to a Practice Doctor. Doesn't that rather slow the process down as some patients are getting a double appointment whilst others are waiting for those two Doctors?**

Paxton Green Group Practice is a teaching practice, which includes provision and commitment for the training of (undergraduate) Student Doctors.

Two final year Student Doctors were working in the practice for six weeks at the end of 2017. They gained valuable experience of General Practice by seeing patients in both the Walk and Wait clinic and in booked appointments. Appointments are allocated in such a way that patients do not have to wait any longer when seeing a student doctor first, since the students usually call patients who have arrived more recently than those queuing in order. When the students have done a full assessment (usually 20-30 minutes), they call the supervising doctor, who continues to see his/her own patients in between those seen by the student. The students review their findings with the supervising GP, who oversees their management and plans any investigations or issues medication. Overall, the number of patients seen is the same regardless of whether patients are seen by a student doctor first.



- 3. The touch-screen for those patients checking in for booked appointments is clearly a good use of technology in that it saves a lot of receptionists' time. But does it constitute a possible health risk, in that infectious patients or - for example - patients who sneeze or have just coughed or cleared their throats into their hands, used hankies, etc. will be touching the screen, placing the next patients at possible risk?**

Using the touch-screen probably has the same health risks as using a cash machine, or self-service pay at supermarket etc. The check-in screen is cleaned as part of the daily cleaning schedule in the practice and sanitising gel and wipes are always available on the front desk at reception. Patients have the option of checking in with the receptionists if they prefer not to use the check in screen and we would always advise patients to wash their hands before consuming food.

Dr Stephen Miller 22 January 2018