

# YOU SAID WE DID

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You were unhappy with the length of time you were kept waiting.

We regularly review our staffing levels to ensure that they are in-line with demand. Recruitment of permanent staff is our priority and we continue to actively look for new staff by e.g. attending recruitment fairs, communicating with agencies and looking at new ways of promoting our organisation.

You wanted to be kept informed of delays.

The receptionists have been reminded about the importance of informing patients when the service is experiencing delays. Also, we have advised the receptionists to ask patients to return to the desk if their condition worsens whilst waiting.

You did not feel the receptionist was very friendly.

All receptionists/care co-ordinators are encouraged to complete online customer service training. They also have the opportunity to attend face-to-face customer service training.

Our website was out-of-date and not very useful.

A new website is currently being designed and our patient representatives have engaged in discussions regarding its future development.

Our staff needed further training on the signs of sepsis.

We raised awareness of sepsis by adding a mandatory training session for all our staff to complete. Also, we held a face-to-face clinical education session for our doctors and clinical staff.

You did not know what to expect when you attended the DVT clinic and communication was poor.

A patient information sheet has been developed, which explains the processes to patients when they book-in and the clinic contact number is now written on appointment cards so patients can contact us if they have any queries.

You were concerned about ibuprofen being prescribed for chicken pox.

We raised awareness that ibuprofen should not be prescribed to patients who have chicken pox by circulating guidance in our staff e-bulletin.

Families had to wait too long for a doctor to visit to verify the death of a loved one.

Work has been undertaken to improve the process involved in verifying expected deaths. We trained a number of nurse practitioners to attend patients' homes and care homes to verify deaths instead of waiting for a GP.

Staff are not using the correct procedure when contacting patients who are deaf or hard of hearing.

Staff have been reminded of the importance of using the text relay service when necessary and raised awareness of the procedure in our e-bulletin.