



WESTBURY GROUP PRACTICE

The Reception Team

We often get asked why the Reception team want to know about the concerns/symptoms you wish to discuss with a clinician. We explained a little of this in a previous article; it is important that we know about your symptoms and concerns in order to ensure you see the most appropriate clinician (which will not always be the doctor).

We have been asked in the past about how the non-clinical Reception team are able to make these judgements and assessments. New members of the Reception team enter a 3-month long induction programme to the work they will do here at the surgery. We have outlined the details of that training later in this article. In addition, a senior clinical Partner has provided the team with information on what we call 'red flags', which are symptoms that might indicate a serious clinical concern, and these will be managed in a clinically appropriate timescale. For the last 3-4months we have also located a doctor within the Reception team area; this allows the receptionist to quickly and easily check with that doctor to see how best to help a particular patient.

The Receptionist job must be one of the hardest in the surgery; the team are not gatekeepers; they are not dragons; they will not stop you from seeing a doctor if your symptoms indicate this is clinically appropriate. If you are advised that you do not need to see a doctor, please be assured you have not 'been fobbed-off'. We have a number of highly skilled and experienced other clinicians in the surgery; we detailed the variety of different clinicians in our last article, and explain their skill sets. The team will always try to help you in the best way possible with the available resources we have to do this. Please treat them with the courtesy and respect they deserve.

Dr Richard Edwards Dr John Moore Mr Mark Dickson

White Horse Health Centre

Bratton surgery

Mane Way,
Westbury, BA13 3FQ

5 The Tynings
Bratton, BA13 4RR

01373 828 330

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Reception Team Training

The range and scope of information the Reception Team are expected to have at their fingertips is quite incredible. One patient might enquire about a DVLA form to re-new their driving licence, the next patient may want to know why they haven't been called for Shingles vaccination, while the next may wish to book an appointment to have their ears syringed. Our team will be expected to be able to respond to all of these enquiries.

In order to prepare our new team members as much as possible they undertake a 3-month long induction programme as soon as they join. This programme aims to cover the huge range of knowledge that the new Receptionist will need to know.

First 2 weeks

1. 4hours/day training with the Reception Manager or Reception Supervisor, away from the telephones.
2. Over 20 modules of online training to be completed; subjects include: Confidentiality, Safeguarding, Dementia, Prevent, Consent, Information Governance, adult and paediatric Basic Life Support.
3. A large part of these first 2 weeks is spent learning the triage process. A senior GP has produced a list of the most common Red Flags for our team to listen out for when talking to patients.
4. This is part of 'Signposting' where the Reception team assess the symptoms described by the patient and, using the information given to them by the senior GP, and their experience direct the patient to an appropriate health care professional, for example, the pharmacist or Minor Injuries unit.

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5. It is also vital that the Reception Team understand the role of each type of clinician, and clinicians within the same role. We have an increasing diversity of clinical staff who include: Advanced Nurse Practitioners, Paramedics, Physician Associate, Health Care Assistant, Nurse.
6. The team are expected to know exactly what each clinician does and does not do and so book the appointment correctly. (This is why the Reception team will ask you for the reason you want to see a doctor). If you are booked incorrectly, your time and our time is wasted.
7. They are expected to know that Nurse A can undertake a particular procedure, but that Nurse B cannot. They will also be expected to know that Nurse C only see's patients aged over 12, while Nurses D, E and F can see younger patients.
8. They are expected to know which doctors can do steroids injections and those who do not, or who can do a Mother and Baby check and who cannot.
9. There is a final test to cover appointments, clinicians and services.

Remaining 10 weeks

1. First week or two - observing and listening to telephone calls with mentor.
2. Another 2-3 weeks – new staff member will now control the computer and mouse while their Mentor directs their activities and tell them what to look out for.
3. The mentor will ask the inductee what they should do with each call and then discuss if that is correct, or if it not will explain what the correct response should have been.

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4. Another 2-3 weeks – inductee encouraged to take-over on the phone while the Mentor listens to their call and offer guidance.
5. New team members are not left on their own in the first 3 months.
6. Induction timings are flexible to take into account how the inductee is progressing.

As always, we are pleased to hear your feedback and comments. The best way to do this is via our email at bswicb.wgppatientvoice@nhs.net , you can also write to us or call in at the surgery.

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