

Mountfield Surgery Local Patient Participation Report 2011/12

Structure

The surgery started to develop a Patient Participation Reference Group (PPRG) in the autumn of 2011 so that we can work closer with our patients and improve our service where applicable. The group is only open to registered patients.

There are currently 5 members of the group. There were 3 males and 2 females. The age range was between 55 and 85. The ethnic categories were White British and White Other.

Invitations to join the PPRG were sent to patients with a current email address and by posters within the surgery's waiting room and reception area.

Areas of Priority

The group felt that the main priority is to maintain the very good access to see a doctor and the care and attention that patients currently receive.

Patient Views

The proposed surgery patient survey was based on the GPAQ version 3 developed by the Universities of Manchester and Cambridge. This was circulated to all members for comments.

During the months of November and December, patients who attend the surgery were asked to complete the 4-page survey.

It was acknowledged that this excluded housebound patients and patients who use the practice infrequently.

Survey Discussion and Results

The survey results were collated, summarized and discussed with the PPRG members on 23rd March 2012. See Appendix 1.

Recommendations

The patient survey was well –received but it was suggested that some additional questions could be included next year.

Issues

1. Premises

The practice is housed in a converted semi-detached corner house, with extensions at the side, the back and in the loft area. There are 3 consultation rooms and 1 treatment room on the ground floor, with disabled access via a side entrance. It was recognized that the building is fit for purpose, but not purpose built and as such there are limitations on the number of doctors and nurses who can practice, with the upper limit on patient numbers about 4,500. There are no plans to move to the new Finchley Memorial Hospital site currently being developed as a primary care centre in 2012 because it was felt that the distance at over 1.5 miles was too far for current patients, mainly long standing, to travel.

2. Waiting room area and times

During open access in the weekday mornings, the waiting room area can become overcrowded. This is less of a problem in the summer when the garden can be used for mothers with young children. While every effort is made to keep waiting times down to a minimum, it is recognized that on occasions this is unavoidable such as a doctor being called out on an emergency. Nevertheless waiting patients are always informed by receptionists if surgeries are running late. There is also some concern that the open access appointments might appear rushed to some patients. This is not the case.

3. Communication

The practice leaflet provides information to new patients on registering with the practice. The practice website www.mountfield.gpsurgery.net provides information about the practice i.e. doctors, opening hours, location, services, etc. The practice website needs to be maintained by the Practice Administrator and sometimes updates are not as regular as we would like to continual workload pressures. Email addresses are used for the repeat prescription service only at present.

4. Car Parking

Parking on Mountfield Road and surrounding roads can be difficult at times due to the nearby schools on East End Road. The area is not a Controlled Parking Zone and there are no plans at present. The presence of a disabled parking bay in Holmwood Gardens at the side of the premises during surgery hours is very welcomed. Patients are reminded not to park over people's drives

5. Standards of care

The practice has a reputation for providing a high level of clinical care. Issues such as accessing test results and obtaining repeat prescriptions do appear as being less than satisfactory on occasions. Sometimes however private/hospital instigated prescribed drugs and medication are not always on the NHS Barnet formulary list and as such cannot be prescribed without reference first to Pharmaceutical Advisors employed by NHS Barnet, which may result in a substitute being prescribed for the same purpose.

6. Hospital referrals and secondary care appointments

When discussing options for secondary care with patients, the doctors will explain the current position with regard to any changes instigated by NHS Barnet. Currently routine referrals are made through the Referral Management Service, except urgent and suspected cancer ones. Some referrals are rejected because they are classed as low priority treatments. There is an appeal process but even then it can still be rejected. These decisions are in part made due to budgetary constraints across North Central London Sector, of which NHS Barnet is a constituent. In those circumstances, referral letters for private consultants are available to those patients who wish to proceed down this route.

Action Plan

Area	Agreed Action	Action by Who	Action By When
Communication	Email addresses to be asked on new patient registrations and existing patients presenting at the surgery	Receptionists	Immediately
Communication	Advertisement of repeat prescription service by email by poster in waiting room	Receptionists	Immediately
Communication	More information to be put on the practice website to improve communication. Poster to be put up in waiting room	Dr Robinson and Practice Administrator	30/4/2012
Communication	Poster to be put up in waiting room to reassure patients that they should always let the doctor know if they feel rushed during the consultation	Dr Robinson and Practice Administrator	30/4/2012
Communication	Update patient leaflet	Dr Robinson and Practice Administrator	30/4/2012
PRG	Amend the practice survey for 2012/13	Dr Robinson and Practice Administrator	30/9/2012
PRG	Arrange the next PPG meeting for a weekday evening slot	Dr Robinson and Practice Administrator	31/10/2012

Opening Hours and Access

	Opening Hours	Appointments Sessions	Appointments Sessions
Monday	8.00 am – 6.00 pm	8.00 – 10.30 am*	2.30 – 5.30 pm
Tuesday	8.00 am – 6.00 pm	8.00 – 10.30 am*	2.30 – 5.00 pm
Wednesday	8.00 am – 6.00 pm	8.00 – 10.30 am*	3.30 – 5.00 pm
Thursday	8.00 am – 6.00 pm	8.00 – 10.30 am*	2.30 – 5.00 pm
Friday	8.00 am – 1.00 pm	8.00 – 10.30 am*	

During these hours patients can make appointments by telephone or face to face visit or * walk-in to the open access clinics in the morning

Extended Hours Arrangements

This is an added service which the practice has agreed to provide in agreement with NHS Barnet. The times are agreed at the beginning of April each year

	Extended Hours
Monday	7.30 – 8.00 am
Tuesday	7.30 – 8.00 am
Wednesday	7.30 – 8.00 am
Thursday	7.30 – 8.00 am
Friday	

15 minute booked appointments are available in advance

Appendix 1

Mountfield Surgery Notes from the Patient Reference Group Meeting 23rd March 2012

Attendees: Dr Ann Robinson, Marilu Adamberry (Surgery)
Barbara Kushner, Gerald Kushner, Jean Richardson, Philip Rosen and Ron Mellow (Patients)

Introduction

The objective of the meeting was to discuss the results of the 2011/12 patient survey and the desire of changing services to better reflect the needs of patients where possible.

Patient Survey Results Summary

The survey used was the GPAQ version 3 developed and validated by the Universities of Cambridge and Manchester and in line with IPOS/MORI National Patient Survey. There were 100 respondents, representing approximately 2.3% of the practice population

Questions 1 – 14: About Reception and Appointments

	Responses	Comments
Q1: How helpful are receptionists	99% said very or fairly helpful	
Q2: How accessible by phone	89% said very or fairly easy (8% have not tried)	
Q3: How accessible is a clinician by phone	65% said very or fairly easy (19% have not tried)	
Q4: Appointment on the same day	75% said Yes	
Q5: How important is it to book appointments	68% said Yes	
Q6: How accessible are booked appointments	73% said very or fairly easy (11% have not tried)	
Q7: Methods of booking appointments	89% said in person or by phone	DNA's were very low.
Q8: Preferred methods of booking appointments	93% said in person or by phone 27% would like an on-line option	The group prefers face to face or using the phone. The surgery currently uses EMIS LV patient medical records system which will be shortly upgraded to

		EMIS web (within the next 12 – 18 months). This may make it easier to include an on-line option
Q9: Access to see a particular doctor	63% said within 24 hours and a further 18% said with 2 – 4 days	
Q10: Rating	81% said excellent, very good or good	
Q11: Access to see any doctor	90% said within 24 hours and a further 2% said with 2 – 4 days	
Q12: Rating	93% said excellent, very good or good	
Q13: Waiting times to start appointments	62% said within 20 minutes	The surgery offers two options – walk-in and appointments
Q14: Rating	71% said excellent, very good or good	

Discussion took place around Q8 responses. The group prefers face to face or using the phone to make appointments, but all bar one using the Internet to order repeat prescriptions. The practice nurses monitor the repeat prescription service

Responses to Q13 were slightly misleading about waiting times because the surgery also offers walk-in clinics in the mornings between 8.00 and 10.30am. The doctors on duty will adapt the length of these clinics depending on the numbers waiting to see a doctor. Normally the wait is between 5 and 20 minutes. Occasionally the wait can be in excess of 30 minutes if there is only one doctor on duty. Patients were generally prepared to wait for their preferred GP.

Questions 15 – 18: About Opening Times and Choice

	Responses	Comments
Q15: Convenience of current opening times	81% said Yes	The surgery has extended opening hours appointments between 7.30 and 8.00 am Monday to Thursdays, with 15 minute slots
Q16: Additional opening hours	35% said weekend openings, 14% said after 6.30pm and 11% said before 8am	Q16 was only applicable to those who answered No to Q15 but many who had answered Yes to Q15 put

		down their preferences as well
Q17: Preferred GP of choice	48% said Yes	
Q18: Seeing/speaking preferred GP of choice	51% said always or most of the time. (3% have not tried)	Q18 was only applicable to those who answered No to Q17 but some who had answered Yes, put down an answer to Q18

The group discussed the responses to Q16 concerning opening hours. It was agreed that attending FMH walk-in clinic at the weekends was a satisfactory option, but would be better if the patient's medical history was available. Data protection issues are currently a barrier to this extension. Medical record summaries can be printed out for patients, who would like this to present if necessary.

Previous experience of offering late night appointments did not attract the intended city commuters. The surgery's contracted hours are between 8.00 am and 6.30 pm on weekdays. Saturday morning is not a viable option at the moment with current clinical resources. The session would need to be appointment only

Home visits were discussed. Patients are encouraged to attend with a relative/ by taxi if necessary in the mornings, even after morning surgery is over. A more satisfactory patient consultation can then take place

Q17 was discussed in more detail. There is a balance between the current availability of Drs Keane, Robinson & Mond and their workload. The practice is actively looking for a 2 sessional doctor for afternoon sessions, but it is proving difficult to find the right person to fit in the ethics of the practice. Historical experience has shown that locum doctors, while necessary for holidays, etc, provide less positive feedback. Recently the practice has used a regular GP locum for afternoon and early evening appointments on Thursdays. Feedback has shown that 1 in 2 patients still came back to make an appointment with another GP

Questions 19 – 35: About Communication and Clinical Care

	Responses	Comments
Q19: Time provided by doctor	83% said very good or good	
Q20: Listening provided	86% said very good or good	

Q21: Explaining tests and treatments	85% said very good or good	
Q22: Involvement in decisions	78% said very good or good	
Q23: Care and concern	86% said very good or good	
Q24: Confidence and trust	95% said very good or good	
Q25: Time provided by nurse	87% said very good or good	
Q26: Listening provided	83% said very good or good	
Q27: Explaining tests and treatments	81% said very good or good	
Q28: Involvement in decisions	72% said very good or good	
Q29: Care and concern	83% said very good or good	
Q30: Confidence and trust	87% said Yes	
Q31: Help to understand health problems	79% said very well	
Q32: Help to cope with health problems	72% said very well	
Q33: Help to keep healthy	66% said very well	
Q34: Overall experience of surgery	93% said excellent, very good or good	The aim is to maintain this high level
Q35: Surgery recommendation	94% said Yes	The aim is to maintain this high level

The process of managing patient expectations has to be balanced against our ability to meet their demands. In some areas, such as choice of hospital referrals and availability of NHS treatments, these are sometimes outside our control. Dr Robinson emphasized that it was important that doctors were continued to be seen as patient advocates and “gatekeepers” to the NHS.

Questions 36 – 40: About Responders

	Responses	Comments
Q36: Male/Female ratio	41/56	
Q37: Age Range	16 – 44: 25 45 – 64: 42 65 – 74: 16 Over 75: 14	There was some thought that the PPRG should try to encourage views from younger patients in the interests of reflecting a broad range of opinions, although it is recognized that the majority of users will be older
Q38: Long standing	47% said Yes	

condition		
Q39: Ethnicity	White: 78% Black/Black British: 3% Asian/Asian British: 6% Mixed: 3% Chinese: 1% Other: 4%	This closely reflects the make up of the current practice list
Q40: Employment status	Employed: 48% Unemployed: 5% In Education: 1% Long Term Sickness: 3% Carer/Not Working: 10% Retired: 30%	

Answers to Question 37 were regarded as important as this demonstrated that the responders covered a wide age range.

Member of the group would like to see some additional questions in next year's survey.

1. Length of registration – purpose to distinguish newer patients' expectations
2. Home Visits – this was not felt to be relevant because it would not reflect the patient experience for the vast majority of patients who use the practice.
3. Identification of status as a carer – purpose to identify additional expectations
4. Question 13 to have a supplementary question about waiting times for walk-in clinics

Recommendations

1. It was felt that those patients who do not regularly visit or use the surgery need to be kept informed of new services or changes. Members of the PPG were regular users. More publicity will be given by the surgery to information on NHS Choices Website as well as the surgery's own site www.mountfield.gpsurgery.net and the patient leaflet updated
2. Patients would be made more aware of appropriate access to medical care at the weekends and out of hours, not just on the answer phone message. The first point of call is the out of hour provider, Barndoc, which will try to provide similar access to a normal GP service. For complex medical

conditions and user of high numbers of prescription drugs, the walking centre at FMH may be more appropriate. The place for emergencies is Accident & Emergency at RFH or Barnet.

3. Patients to be reminded to always phone up for test results after 2pm. Test results are not available on line yet but they can be printed out for patients' to take to consultants. Letters are only sent to patients if there is something which is out of the normal range but not urgent. Sometimes no action is taken even if the test is shown as abnormal because the range used is appropriate because of age and condition Doctors will always phone the patient if it is urgent. The time taken to receive results is between 7 and 10 days.
4. It was agreed to arrange a meeting out of surgery hours, one evening to potentially attract younger patients.
5. The practice to clarify who is entitled to phlebotomy (blood tests) at the surgery rather than having to attend FMH for this service. It was pointed out that a number of surgeries had withdrawn this service to patients This also applies to ear syringing and removing skin tags

Members of the PPRG would put forward any further ideas to Dr Robinson for consideration on an ad hoc basis.

25 April 2012