

## **Mountfield Surgery Local Patient Participation Report 2012/13**

### **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 6 members of the group. There were 3 males and 3 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. Additional questions regarding the walk-in clinics, length of registration and carer status were included as a result of the PPRG views last year.

During the months of November and December 2012, 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 22nd March 2013. See Appendix 1.

### **Recommendations**

The patient survey was well –received.

## **Progress on last year's Action Plan**

<b>Area</b>	<b>Agreed Action</b>	<b>Outcome</b>
<b>Communication</b>	Email addresses to be asked on new patient registrations and existing patients presenting at the surgery	The database is increasing
<b>Communication</b>	Advertisement of repeat prescription service by email by poster in waiting room	The database is increasing and more patients are using the repeat prescription email service
<b>Communication</b>	More information to be put on the practice website to improve communication. Poster to be put up in waiting room	Ongoing
<b>Communication</b>	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	This has been welcomed by patients during the morning walk-in clinics
<b>Communication</b>	Update patient leaflet	Ongoing
<b>PRG</b>	Amend the practice survey for 2012/13	This was carried out
<b>PRG</b>	Arrange the next PPG meeting for a weekday evening slot	This was not possible due to members commitments

## 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 primary care centre at the rebuilt Finchley Memorial Hospital, opened in Autumn 2012 because it was felt that the distance at over 1.5 miles was too far for current patients, mainly long standing, to travel. This view has not changed since last year.

The compulsory registration of all GP surgeries with the Care Quality Commission (CQC) with effect from 1<sup>st</sup> April 2013 will mean that every surgery will have an inspectorate visit every 3 years. The visit will involve an assessment against 28 Standards of Quality and Safety (of which 16 are classed as “Essential”). The safety and suitability of premises is one of the essential standards.

### 2. Waiting room area and times

Following on from last year’s meeting the surgery has put up a poster in the waiting room to explain the patient benefits in the walk-in surgeries in the mornings and the booked appointments during the day. Patients are advised to consider the most suitable type of appointments for their issues i.e. simple, straight forward, non urgent problems are more appropriate in the walk-in clinics while more complex ones should be booked appointments.

Group members felt morning access and not limited to discussing only one problem to see the doctor or nurse prevented patient anxiety and possibly unnecessary visits to the walk-in centres and A&E departments.

During open access in the weekday mornings, the waiting room area can become overcrowded. 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.

The waiting room is relatively small and concern was raised about some patients who sit down with cough and cold symptoms with apparent non consideration for others. This is very unpleasant for other patients sitting nearby.

The availability of the small screen TV and magazines in the waiting room is welcomed by the majority of the patients.

### 3. Patient Confidentiality

This was an issue, especially at the reception desk when patients are queuing to speak, as a result of the building configuration. Patients are reminded to ask the reception if they wish to discuss any matter in a private area away from reception. This perhaps needs to be more explicit. Secondly patients who call on the telephone for results, other patients at the reception desk can overhear the receptionist on the phone. However the Group members were assured that any abnormal test results are provided to the patient directly by the doctor and never by the receptionist

### 4. Communication

The practice leaflet provides information to new patients on registering with the practice. The practice website [www.mountfield.gpsurgery.net](http://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. Additionally information on all GP surgeries as well as hospitals and dentists can be found on the NHS Choices website [www.nhs.uk](http://www.nhs.uk)

Patient mobile numbers may be used for text messaging to remind them for appointments in a similar way to the SMS service currently offered by other healthcare providers.

### 5. Repeat Prescriptions

Email addresses are used for the repeat prescription service only at present. The overriding concern for the GPs is that convenience can never take

precedence over clinical governance i.e. if patients email questions and/or issues and the respondent clinician is not available to answer and if the patient is not pro-active, then the medical issue could become acute or worse.

Use of emails may change in the future as a result of upgrading to the Surgery's patients medical records system. As a result of this and the planned introduction of Electronic Prescription Software Part 2 (EPS2) in 2013/14, surgeries will have the option to electronically send future repeat prescriptions to chemists of the patients' choice.

## 6. 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 currently no plans to change this. The presence of a disabled parking bay in Holmwood Gardens at the side of the premises during surgery hours is very helpful Patients are reminded not to park over people's drives. There is some short time difficulty in parking when children are leaving the local schools in East End Road in the middle of the afternoon

## 7. 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 Barnet CCG formulary list and as such cannot be prescribed without reference first to Pharmaceutical Advisors employed by Barnet CCG, which may result in a substitute being prescribed for the same purpose. This policy is likely to continue.

## 8. 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 Barnet Clinical Commissioning Group. 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 the NHS nationally. In those circumstances, referral letters for private consultants are available to those patients who wish to proceed down this route. The website for Barnet CCG is [www.barnet.nhs.uk](http://www.barnet.nhs.uk) for further information.

## 9. Pharmacists

Barnet CCG are piloting minor ailments scheme in pharmacies. This may be extended in 2013/14 across Barnet. Group members felt that this is a good idea but didn't think that it should include medical drug interactions. This should be discussed with a GP.

### Action Plan

<b>Area</b>	<b>Agreed Action</b>	<b>Action by Who</b>	<b>Action By When</b>
<b>Patient Confidentiality</b>	Poster to be put up at reception desk to advised that patients can request to speak on confidentiality matters in a private area away from the reception	Dr Robinson and Practice Administrator	30/4/2013
<b>Communication</b>	Poster to be put in the waiting room reminding patients to be considerate if coming to the surgery with cough and cold symptoms	Dr Robinson and Practice Administrator	30/4/2013
<b>Communication</b>	Email addresses to be asked on new patient registrations and existing patients presenting at the surgery	Receptionists	On-going
<b>Communication</b>	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	On-going
<b>Communication</b>	Update patient leaflet	Dr Robinson and Practice Administrator	30/4/2013
<b>PRG</b>	Arrange the next PPG meeting for a weekday evening slot	Dr Robinson and Practice Administrator	31/10/2013

## **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 22nd March 2013

#### Introduction

The objective of the meeting was to discuss the results of the 2012/13 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 (2012: sample was 100)

#### Questions 1 – 14: About Reception and Appointments

	Responses	Comments
Q1: How helpful are receptionists	<b>99%</b> said very or fairly helpful (2012: 99%)	
Q2: How accessible by phone	<b>96%</b> said very or fairly easy (3% have not tried) (2012: 89 %)	
Q3: How accessible is a clinician by phone	<b>74%</b> said very or fairly easy (17% have not tried) (2012: 65%)	
Q4: Appointment on the same day	<b>75%</b> said Yes (2012:75%)	
Q5: How important is it to book appointments	<b>61%</b> said Yes (2012:68%)	
Q6: How accessible are booked appointments	<b>74%</b> said very or fairly easy (20% have not tried) (2012: 73%)	
Q7: Methods of booking appointments	<b>96%</b> said in person or by phone (2012: 89%)	DNA's were very low.
Q8: Preferred methods of booking appointments	<b>99%</b> said in person or by phone (2012: 93%) <b>33%</b> would like an on-line option (2012: 27%)	The group prefers face to face or using the phone. The surgery currently uses EMIS LV patient medical records system which will be upgraded to EMIS web in May 2013. This may make it easier to include an

		on-line option
Q9: Access to see a particular doctor	<b>59%</b> said within 24 hours and a further <b>16%</b> said with 2 – 4 days (2012: 63%: 18%)	Slightly lower due to increased demand
Q10: Rating	<b>82%</b> said excellent, very good or good (2012: 81%)	
Q11: Access to see any doctor	<b>86%</b> said within 24 hours and a further <b>7%</b> said with 2 – 4 days (2012: 90%: 2%)	Slightly lower due to increased demand
Q12: Rating	<b>96%</b> said excellent, very good or good (2012: 93%)	
Q13: Waiting times to start appointments	<b>68%</b> said within 20 minutes (2012: 62%)	The surgery offers two options – walk-in and appointments
Q13a: Waiting times to start appointments for walk-in clinics (New Question in 2013)	<b>52%</b> said within 30 minutes (2012: N/a)	
Q14: Rating	<b>74%</b> said excellent, very good or good (2012: 71%)	

#### Questions 15 – 18: About Opening Times and Choice

	Responses	Comments
Q15: Convenience of current opening times	<b>87%</b> said Yes (2012: 81%)	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	<b>29%</b> (2012: 35%) said weekend openings, <b>20%</b> (2012: 14%) said after 6.30pm and <b>18%</b> (2012: 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	<b>59%</b> said Yes (2012: 48%)	
Q18: Seeing/speaking preferred GP of choice	<b>61%</b> said always or most of the time. (1% have not tried) (2012: 51%)	Q18 was only applicable to those who answered No to Q17 but some who had answered Yes, put down an answer to Q18

### Questions 19 – 35: About Communication and Clinical Care

	Responses	Comments
Q19: Time provided by doctor	<b>83%</b> said very good or good (2012: 83%)	
Q20: Listening provided	<b>87%</b> said very good or good (2012: 86%)	
Q21: Explaining tests and treatments	<b>84%</b> said very good or good (2012: 85%)	
Q22: Involvement in decisions	<b>83%</b> said very good or good (2012: 78%)	
Q23: Care and concern	<b>88%</b> said very good or good (2012: 86%)	
Q24: Confidence and trust	<b>93%</b> said very good or good (2012: 95%)	
Q25: Time provided by nurse	<b>88%</b> said very good or good (2012: 87%)	
Q26: Listening provided	<b>89%</b> said very good or good (2012: 83%)	
Q27: Explaining tests and treatments	<b>84%</b> said very good or good (2012:81%)	
Q28: Involvement in decisions	<b>78%</b> said very good or good (2012: 72%)	
Q29: Care and concern	<b>88%</b> said very good or good (2012; 83%)	
Q30: Confidence and trust	<b>87%</b> said Yes (2012: 87%)	1% said No
Q31: Help to understand health problems	<b>87%</b> said very well (2012: 79%)	
Q32: Help to cope with health problems	<b>85%</b> said very well (2012: 72%)	
Q33: Help to keep healthy	<b>77%</b> said very well (2012: 66%)	
Q34: Overall experience of surgery	<b>96%</b> said excellent, very good or good (2012: 93%)	The aim is to maintain this high level
Q35: Surgery recommendation	<b>95%</b> said Yes (2012: 94%)	The aim is to maintain this high level

### Questions 36 – 40: About Responders

	Responses	Comments
Q36: Male/Female ratio	<b>40/56</b> (2012: 41/56)	
Q37: Age Range	16 – 44: <b>31</b> (2012: 25) 45 –64: <b>39</b> (2012: 42) 65 – 74: <b>17</b> (2012: 16) Over 75: <b>11</b> (2012: 14)	
Q38: Long standing condition	<b>46%</b> said Yes (2012: 47%)	

Q39: Ethnicity	White: <b>82%</b> (2012: 78%) Black/Black British: <b>1%</b> (2012: 3%) Asian/Asian British: <b>7%</b> (2012: 6%) Mixed: <b>0%</b> (2012: 3%) Chinese: <b>0%</b> (2012:1%) Other: <b>6%</b> (2012: 4%)	This closely reflects the make up of the current practice list
Q40: Employment status	Employed: <b>59%</b> (2012: 48%) Unemployed: <b>1%</b> (2012:5%) In Education: <b>1%</b> (2012: 1%) Long Term Sickness: <b>4%</b> (2012: 3%) Carer/Not Working: <b>7%</b> (2012:10%) Retired: <b>24%</b> (2012: 30%) Other: <b>2%</b> (2012: N/a)	
Q41: Length of Registration at the Practice (New Question in (2013)	Under 6 months: <b>1%</b> Under 1 year: <b>9%</b> Between 3 and 5 years: <b>19%</b> Over 5 years: <b>65%</b>	Reflects turn rate of patients registered at the practice
Q42: Carer (New Question in 2013)	<b>5%</b> said Yes (2012: N/a)	