



Montgomery-House Patient Participation Group 2011/2012 report:

Attendees at meetings (Patient Reference Group): Ms Janet Attwood, Mr David Attwood, Mr Mike MacKenzie, Mrs Marion Evans, Mr David Evershed, Mrs Sandra Ashe, Mrs Margaret Bourne, Mrs Doreen Kempton, Miss Emma Fuller, Mrs Gerda Howard, Mrs Anne Coates, Miss Georgina White, Mr William Affleck, Oliver Penfold and Mr David White.

Chair: Mr Ian Kilshaw,

Dr Alistair Murphy, Dr Stuart Brand, Dr Will O’Gorman, Dr Ben Loxton-Edwards, Dr Ellen Fallows, Dr Kate Frankland and Mrs Sarah Arnall

The Montgomery-House Surgery profile:

Our mission: To provide excellent, accessible, personal primary care in a friendly environment where new ideas (from whatever source) are considered in a positive light, with the provision of adequate time for professional development for all members of the primary healthcare team.

The practice was established by Dr Gordon Montgomery before the Great War (1914 - 1918). After serving in the war Dr Montgomery established his practice in Pevensey House, Sheep Street. He was joined by Dr Arthur House in 1937 and these two founding fathers worked together until Dr Montgomery retired in 1954, after 40 years service to the town. “Montgomery-House Surgery” has therefore been named in recognition of our practice origins.

The practice moved to Bell Lane, moving again in 1975 to the Health Centre, then to Montgomery-House Surgery in 1998.

Partners

Dr Alistair EH Murphy BMed Sci 1976, BM, BS,(Nottingham) 1977 Provides surgeries Monday AM, Monday PM, Tuesday AM, Wednesday AM, Wednesday PM, Thursday AM and Thursday PM.

Dr Stuart Brand BSc, MB, BS (London) 1982, DGM,MRCGP Provides surgeries Monday AM, Monday PM, Tuesday AM, Tuesday PM, Thursday AM, Thursday PM and Friday PM. Gives tutorial to Registrar on Friday AM.

Dr William J O’Gorman MB, ChB (Manchester) 1996, MRCGP Provides surgeries Monday AM, Monday PM, Tuesday AM, Tuesday PM (unless commissioning alternate Tuesdays), Friday AM Friday PM.

Dr Ellen S V Parker BMBCh (Oxon) 2004, BA, MRCGP, DFFP, DRCOG Provides surgeries Monday AM, Monday PM, Wednesday AM, Wednesday PM, Thursday AM, Thursday PM, Friday AM and Friday PM.

Dr Ben Loxton-Edwards BSc, MBBS, MRCGP Provides surgeries Monday AM, Monday PM, Tuesday AM, Tuesday PM, Thursday AM, Thursday PM, Friday AM and Friday PM.

Dr Katherine Frankland BSc, MBBS (London) 1997, DRCOG, MRCGP Provides surgeries Monday AM, Monday PM, Tuesday AM, Tuesday PM, Wednesday AM, Wednesday PM, Friday AM and Friday PM.

Salaried GPs

Dr Catherine O'Leary MB, ChB 1996, MRCP, MRCGP Provides surgeries Tuesday AM, Tuesday PM, Wednesday AM, Wednesday PM, Friday AM and Friday PM.

Dr Elaine Tipper MB, ChB (Glasgow) 1995, MRCS, MRCGP Provides surgeries Tuesday AM, Tuesday PM, Wednesday AM, Wednesday PM, Thursday AM and Thursday PM.

Dr Sue Uberoi MB ChB 1986, MRCGP 1991, DRCOG 1992 Provides surgeries Tuesday AM, Tuesday PM, Thursday AM and Thursday PM.

Registrar

Dr Matthew Gee BSc, MB ChB (Manchester) 2007, DCP, DFSRH Provides surgeries Monday AM, Monday PM, Wednesday AM, Wednesday PM, Thursday AM, Thursday PM and Friday PM.

Staff

Practice Manager, Sarah Arnall

A nursing team of 4 nurses and 3 HCAs

A team of 10 receptionists, lead by Marion Collier, Reception Manager

A Finance Assistant, an IT Manager, 2 Administrators, 2 secretaries, 4 Dispensers, 2 summarisers

Attached Staff

These staff work at the practice and are employed by the PCT:

5 District Nurses

3 Health Visitors

1 Counsellor

2 Midwives

2 Addictions Nurses

1 Clinical Psychologist

OUR PATIENTS

Patients are able to see any doctor in the practice, whilst gently encouraging them to see their 'usual Doctor'. Patients are also encouraged to book appointments with the Practice Nurses directly for specialist nursing services e.g. chronic disease clinics, immunisations, wound dressings and cervical smears. Currently we have 12,305 patients. We dispense to 26% of our patients who live in the villages surrounding Bicester.

OUR SERVICES

The practice is open Monday to Friday 8:00am – 6:30pm. On Tuesday and Thursday evenings we offer extended hours appointments until 8:00 pm. There are four extended hours surgeries each week (two on Tuesday and two on Thursday). The Partners cover the extended hours on a rotational basis. Routine appointments start from 8:00 am in the morning and from 2:20 pm until 6:30pm in the afternoon. The extended hours appointments run from 6:30 to 8:00pm.

Patients obtain access to services by telephone, in person at the surgery or by booking appointments on-line.

We have a duty Doctor and duty Nurse each day for emergencies. They operate a telephone triage system. The other Doctors continue with routine care while the duty Doctor and Nurse provide the daily emergency/urgent care. We visit our own patients at home during the middle of the day. We encourage patients to make visit requests before midday. We cover our own telephone enquiries throughout the day. The duty Doctor and duty Nurse attend to visit requests received after midday.

1) The purpose of the Patient Participation Group (PPG) and development of the Patient Reference Group (PRG):

The main purpose of the PPG is to ensure that patients are involved in decisions about the range and quality of services provided and, over time, commissioned by their practice. It aims to encourage and reward practices for routinely asking for and acting on the views of their patients. We hope to improve communication with our patients and identify priority areas for practice development.

In order to set priorities for the PPG we formed a Patient Reference Group (PRG) which met on 6 occasions throughout the year.

The PRG focussed on the identification of priority areas and the design of a patient satisfaction survey to understand broader patient opinions.

Once the PRG had designed a survey the survey was conducted both on-line and on paper.

The PPG also has an e-mail address so that patients who are unable to attend the meetings could contribute. We have some 'virtual members' who keep in contact by e-mail.

Meeting minutes are disseminated via the email address.

montgomeryhouseppg@hotmail.co.uk

Recruitment to Patient Reference Group:

Recruitment to the PRG has been via the website, newsletters, flyers, meeting minutes published on the website, invites from GP's while attending appointments, slips attached to prescriptions and invites from PRG members while doing the two initial pre-surveys.

Both the flyers and the newsletters have been on display to all patients booking in at the front desk.

At the first meeting the PRG discussed how the PRG could recruit a broader range of patients. It was agreed that GP's and receptionists would try and invite adolescents and patients with young families when booking in and when consulting.

Particular groups of patient were identified as having specific health needs. The practice has a large population of drug users. GP's made a point of inviting drug users when attending appointments.

Profile of the Patient Reference Group:

There were a total of 16 patients who attended meetings (PRG). There was a wide range in age (ranging from 17 years to 82 years). There was a range in socioeconomic class and a roughly equal M:F ratio (actual ratio 9:7). The group was predominately made up of British, Irish and Other white ethnic groups.

One member of the PRG is a wheelchair user and raised particular concerns regarding access to the practice for wheelchair users.

Despite making a particular effort to invite drug users we were unable to recruit any members of this patient group to the PRG. GPs invited drug users in person while consulting.

Ethnicity Codes	No. of patients	% of patients (out of 5232)
British/mixed British	4395	84.00%
Irish	17	0.32%
Other White	286	5.50%
W&B Caribbean	9	0.17%
W&B African	6	0.1%
White & Asian	5	0.10%
Other Mixed	24	0.46%
Indian Mixed	0	0.00%
Indian/British	35	0.67%
Pakistani/British	5	0.10%
Bangladeshi/Brit Bang	2	0.04%
Other Asian	52	1.00%
Caribbean	9	0.17%
African	6	0.11%
Other Black	42	0.80%
Chinese	11	0.21%
Other	328	6.24%
TOTAL	5232	100.00%

The practice currently has ethnicity data for 5,232/12,305 = **42 %** of the practice population. This data is recorded above.

GP's specifically made efforts to include patients from a broad range of ethnic groups by inviting them during consultations. We will continue to increase the diversity of the PRG.

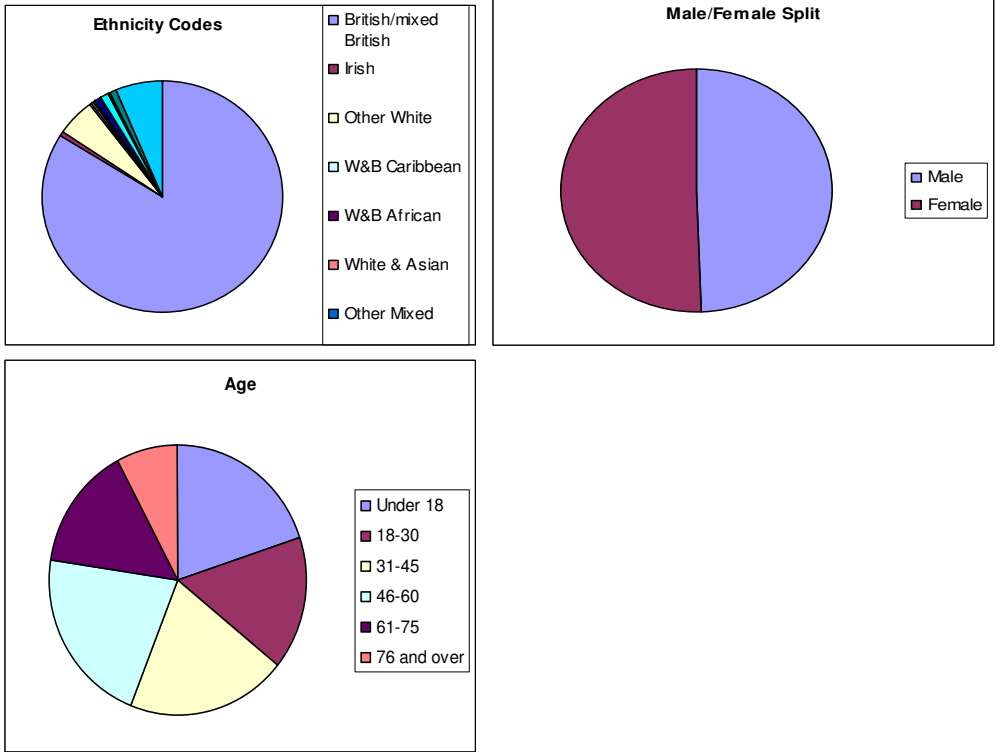
GP's encouraged participation by inviting staff and residents from local care homes during consultations.

Recruitment to the PRG was done by multiple means to ensure a diverse and representative PRG and survey population. Recruitment took place via the website, newsletters, flyers given during consultations, meeting minutes published on the website, slips attached to prescriptions and invites from PRG members while doing the two initial pre-surveys. By using multiple means such as this we gave the opportunity for all patients to join the PRG and complete the survey.

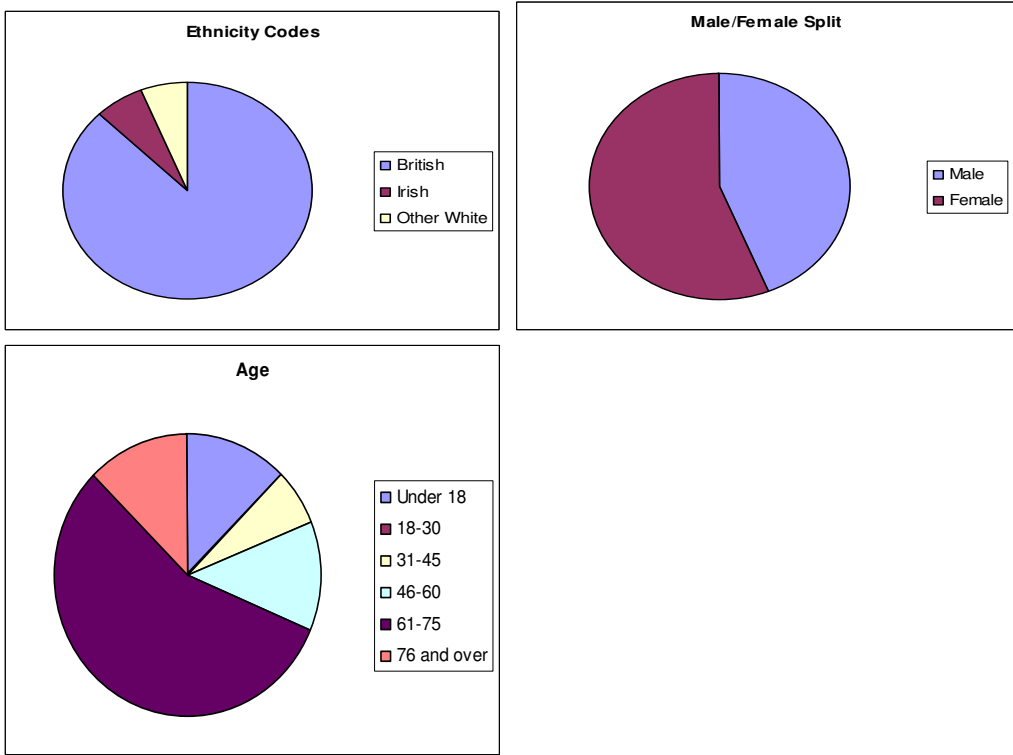
Patient Participation Group

Ethnicity Codes	No. of patients	% of patients
British/Mixed		
British	14	87.50%
Irish	1	6.25%
Other White	1	6.25%
TOTAL	16	100%

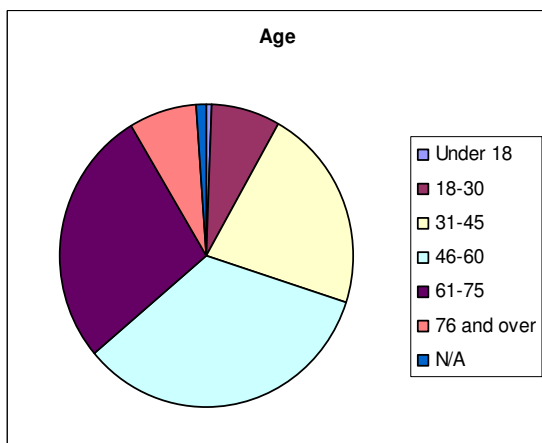
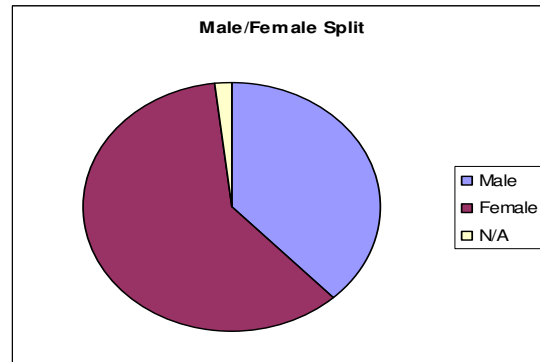
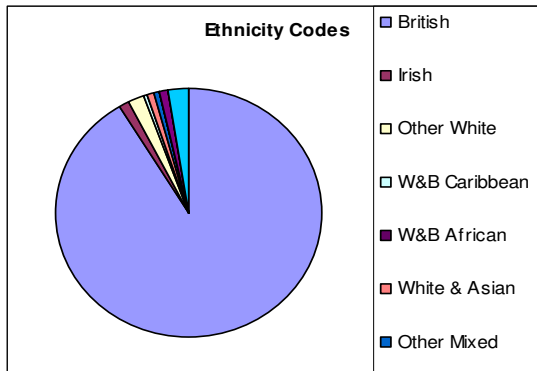
Practice Population (12,305 patients)



Patient Reference Group (16 patients)



Survey population (163 patients)



2) Agreeing areas of priority with the Patient Reference Group:

The PRG met five times before the survey to identify priority areas and design the survey. There were debates over the priorities and questions to include in the survey.

Before agreeing priority areas for the main survey the PRG wanted to canvass a broader cross section of the practice population to identify priorities which may not be represented by the relatively small PRG group. This was done by two small pre-surveys which were designed by PRG members. These two mini-surveys shaped the final survey.

A) Access

The group felt that they often had to wait a while several days before seeing the Doctor of their choice and wanted to include questions related to this in the survey.

B) Missed Appointments

The PRG identified the missed appointment problem as a priority area to focus on for the survey. The practice has 200 missed appointments a month.

C) Tannoy system and music in the waiting room

The PRG felt the tannoy system for calling patients was unsatisfactory.

The PRG had different views on the music in the waiting room (Radio 2). The PRG felt these were areas to focus on in the survey.

D) Usual Dr system

The PRG identified the 'usual Doctor' system as a priority area. Quite a few Doctors had left the practice recently. There is anecdotal evidence that patients may not know who their 'usual Doctor' is after these recent changes. Amongst the PRG there was confusion regarding the 'usual Doctor' system. Use and knowledge of the 'usual Doctor' system has the advantage of increasing 'continuity of care' for patients. The 'usual Doctor' system is something the practice would like to promote. The PRG wanted to include a question in the survey related to use of the 'usual Doctor' system.

E) A survey which would allow free comment

The group wanted a survey which allowed free comment to be added. They had found that previous surveys were often 'tick box' surveys and did not allow for free expression.

- Following the initial discussions **the two pre-surveys** confirmed that the **tannoy system, the music in the waiting room, waiting times to see the preferred Doctor** and **missed appointments** were priority areas to focus on in the main survey.

3) Survey execution and the collation of patient views:

The PRG reviewed previous survey questions used in General Practice. The PRG met independently to finalise the survey questions. Having finalised the questions, Mr William Affleck met with Service Monitor Group www.servicemonitorgroup.com to upload the survey to their server. The PRG membership initially trialled the survey online to ensure the survey was workable. Once the trial was complete the survey was re-set and then advertised.

This online survey could be completed via the practice website www.montgomeryhousesurgery.co.uk.

It could also be accessed by typing in the address www.mhspatientsurvey.com into a web browser.

The majority of the surveys were completed on-line.

Patients were also invited to complete the survey as they booked in for appointments. These paper completed surveys were then uploaded to the website by the admin office.

4) Survey findings and reaching agreement regarding service changes:

The PRG met on 5th March 2012 to discuss the survey findings.

The PRG was very satisfied with the survey results.

The PRG also felt that the practice should be extremely satisfied with the survey.

After discussing the survey results with the PRG, the practice and PRG reached agreement on changes to the services currently provided by the practice. Implementation of these changes was agreed by the PRG and an action plan was formed (action plan below 5).

The full survey report can be downloaded. We include a brief analysis here and focus on the priority areas.

There have been 163 survey completions.

The male : female ratio for completions is 4:6.

60 % of completions were done online.

A) Access

93% found the appointment booking system satisfactory.

62 % of patients book appointments via the telephone. Just 23% book appointments online and the remainder book appointments in person at the front desk.

51 % of patients were aware that the surgery offers appointments until 8pm on Tuesdays and Thursdays (Extended Hours opening)

82% found the time between booking and being seen acceptable.

The survey highlighted that there can be a delay in getting an appointment with the Doctor of choice. On the upside just 7% of respondents found the delay to see any Doctor as too long a delay.

A4 If there is a delay to get an appointment with the Doctor of your choice is the delay:

<i>1-2 days</i>	7.5%
<i>3-4 days</i>	28.6%
<i>5+ days</i>	36.6%
<i>Not Applicable</i>	27.3%

A5 If there is a delay to get an appointment with any Doctor is the delay:

<i>A short delay</i>	48.1%
<i>A longer delay but acceptable</i>	16.0%
<i>Too long a delay</i>	7.4%
<i>Not Applicable</i>	28.4%

B) Missed Appointments

21% of patients think the practice should send text messages to patients who persistently miss booked appointments.

16 % of patients said they had missed an appointment. 13% of these said they had forgotten.

A9 Have you ever missed an appointment? **16.1%**

A10 If you have answered yes to A9 was this because

<i>No longer needed to see Doctor/Nurse</i>	1.8%
<i>Forgot</i>	13.3%
<i>Unable to get time off from work</i>	0.9%
<i>Other (Please specify below)</i>	7.1%
<i>Not Applicable</i>	77.0%
A11 Did you notify surgery?	80.6%

C) Tannoy system and music in the waiting room

28% of patients have problems hearing their name being called.

B6 Do you have any problems in hearing your name being called to see the Doctor/Nurse

Yes	28.4%
No	34.6%
Occasionally	35.2%
Not Applicable	1.9%

There were many free comments regarding the music and tannoy system. A selection of these comments is included in the 'free comments' section.

D) Usual Dr system

78% of patients know who their usual Dr is.

66% of patients see their usual Dr for the majority of visits.

C4 Do you know who is your <u>usual</u> doctor?	78.1%
C5 Do you see your <u>usual</u> doctor for the majority of your visits?	66.4%

Overall satisfaction ratings were very high. See below.

25.2 % of patients gave the practice 10 out of 10

Please give us your overall satisfaction rating of Montgomery Surgery where

1 = Very Poor and 10 = Excellent

1	0.0%
2	0.6%
3	1.2%
4	1.8%
5	1.8%
6	4.9%
7	9.2%
8	28.2%
9	22.7%
10	25.2%
Not applicable	4.3

E) Free comments

This is a very pleasant surgery - the receptionists in particular are ALWAYS courteous and caring both face to face and on the phone. This makes a BIG difference.

I think the on line booking system so that you can review the available slots against your diary is excellent and the Triage system is just brilliant| sometimes a bit of advice from a medical professional over the phone is just what is needed rather than booking an appointment and feeling like you might be wasting the Drs time and taking up a slot that someone else could better use.

I listened to a programme on Radio 4 this week which provided information about a scheme (I believe in Leicester and maybe other parts of the country) where patients speak personally to the doctor on the telephone. This often results in the patient not having to visit the doctor in person at the surgery and apparently works very well and reduces the numbers of persons needing / having to attend the surgery.

The practice is excellent. The staff are friendly and efficient. I would whole-heartedly recommend it.

Please address the tannoy in reception. There is a lot of echo in that area and when the room is full with people chattering and children shouting it can be very difficult to hear. Also| should you need to use the bathroom| there is no way to find out if your name has been called without queuing for the receptionist. Perhaps some sort of numbered ticket system could be introduced to back up the tannoy announcements| such as the one in Argos| where you could see immediately that you should go to/wait outside the GPs room. The use of numbers would protect personal details.

It is sometimes difficult to hear the doctor calling your name over the waiting room noise

Receptionists are always kind and helpful.

An information screen in the waiting room would be helpful to patients. This could drip feed health messages| DNA issues| clinic information| preventative knowledge| nutrition|teenage issues etc

Cafe/canteen would be great

The announcements should be louder| with the radio and general noise in the waiting area you cannot hear when the doctor call you through.

The music makes it hard to hear ones name being called

A shocking collection of magazines! We need less `gossip comics`. How about some up-to-date Country Lifes? Not all men read car-comics. Why not change the decor to something a little less dull?

It is NOT clean and tidy

the tannoy system is not clear when the doctors are calling patients in to their rooms| over the radio

would be an improvement if you had telephone appointments were you can book a slot to speak to your GP

5) Agreeing the action plan with the PRG and seeking PRG agreement to implement change:

At the meeting on 5th March 2012 the PRG agreed on the implementation of the proposed changes listed below.

A) Access - telephone consultations

The PRG commented on how it can be difficult to get an appointment with the Doctor of choice. This feeling was confirmed by the PPG survey result. On the up side the survey results show there is a short or acceptable delay to see any Doctor. The PRG felt that a telephone consultation system could help alleviate this situation. This could allow patients to consult by telephone at a set time with the Doctor of choice. The practice will be trialling booked telephone consultations shortly. This has the advantage of improving continuity of care. This will also improve access to a patient's preferred/usual Dr.

Dr Tipper has agreed to trial telephone consultations in March and April 2012. She will report back shortly.

B) Missed appointments and text reminders to reduce missed appointments

The PRG remains shocked by the quantity of missed appointments. The PRG would like the practice to look at ways to reduce missed appointments. The survey findings support the introduction of a text reminder system for appointments so that missed appointment rates are reduced. A reduction in missed appointments will improve overall patient access to consultations by up to 200 appointments a month.

The IT manager Geoff Toon will be investigating text reminder systems for appointments.

C) Tannoy system and music in the waiting room

Within the free comments section there had been quite a few complaints regarding the tannoy system. Some patients find it difficult to hear their name being called. This is especially problematic for patients with hearing difficulty. Some of the Doctors mumble and there can be a lot of background noise. The practice has agreed to review this method and will be exploring alternative ways of calling patients to their appointment. Options include a plasma screen system or buzzer system.

Practice manager Sarah Arnall and IT Manager Geoff Toon will lead on this.

D) Usual Doctor use

The survey showed that many patients know who their 'usual Dr' is and use their usual Dr. There have been problems accessing the usual Dr/Dr of choice. The practice will work to reduce missed appointment rates and implement the telephone consultations. By doing this we hope to increase access to the 'usual Doctor'. This in turn will increase continuity of care for patients. The practice will continue to encourage 'usual Dr' use.

IT manager Geoff Toon to introduce text reminders

Practice manager Sarah Arnall to monitor the telephone consultation trial with a view to implementation.

E) Free comments and other action points which were not original priority areas:

Some of these action points came out of the individual comments made and subsequent discussions.

On-line booking for appointments

The PPG felt that more patients could be using the on-line booking service. The practice agreed to encourage this facility so that the telephones are freed up. This will improve overall access to reception for other queries. This may also reduce missed appointment rates as patients can select more convenient appointment times instead of accepting more limited options available over the telephone.

Waiting room cleanliness

There were several free comments regarding the cleanliness of the waiting room. The PRG felt that cleanliness was an issue. The practice will look into this and consider re-upholstering some of the chairs with easy to wipe material instead of cloth. The reception staff will lead on this.

6) This Patient Participation Report will be publicised on the Practice website.

The PPG will resume meetings in 2012/2013 to update on achievement with respect to the action points above.