



Montgomery-House Patient Participation Group 2012/2013 report:

Attendees at meetings (Patient Reference Group): Ms Janet Attwood, Mr David Attwood, Mr David Evershed, Mrs Sandra Ashe, Mrs Margaret Bourne, Mrs Doreen Kempton, M Miss Emma Fuller and Mr William Affleck.

Chair: Mr Ian Kilshaw,

Doctors: Dr Ben Loxton-Edwards, Dr Jan Barathan

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 Pevensy 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, Friday AM and Friday PM.

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

GP Registrar

Dr D Janaki Barathan. 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 12,321 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 an 'urgent 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). The PRG has met three times between April 2012 and April 2013.

At the first meeting this year on 7/1/2013 the PRG reviewed progress that had been made since last year's report and focussed on the identification of new priority areas. Last year's patient satisfaction survey was tweaked and re-run. There were 2 new priority areas that the PRG identified this year to be included in the survey. Questions were asked in the survey to canvas broader patient opinion regarding these two priority areas.

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, flyers in the waiting room, plasma screen messages in the waiting room and invites from GPs while attending appointments.

The flyers and plasma screen messages have been on display to all patients booking in at the front desk to ensure the PRG is representative of the practice population.

Profile of the Patient Reference Group April 2012-April 2013:

There were a total of 9 patients who attended meetings (PRG). This was down on last year when 16 patients attended the meetings. There was a wide range in age (ranging from 33 years to 79 years). There was a range in socioeconomic class and a roughly equal M:F ratio (actual ratio 4:5). The group was made up of British and Irish ethnic groups. The ethnicity of the PRG was representative of the practice population.

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

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

Last year's survey was comprehensive and had resulted in significant service change on the part of the practice (detailed in section 6).

A decision was made by the PRG to repeat the majority of the original survey. **Two new priority areas were identified** for the survey. Overall, the length of the survey was reduced to make it easier to complete.

New priority areas for the 2012/2013 survey:

A) The ability to share information with the Doctor or Nurse even if it was considered irrelevant or embarrassing.

The PRG wanted to change one of the questions in the survey to specifically ask whether patients felt able to share all information with a Doctor or Nurse even if it was considered irrelevant or embarrassing.

There was a feeling amongst the PRG that some patients may not be able to disclose such information and further enquiry was needed.

B) Access to on-line medical records – the PRG wondered whether other patients wanted access to view their own medical records on-line. The PRG was split over the wisdom of this but nevertheless thought it would be of interest to obtain broader patient opinion.

3) Survey execution and the collation of patient views:

Having finalised the questions, Mr William Affleck met with Service Monitor Group www.servicemonitorgroup.com to upload the survey to their server. We were hoping to repeat last year's method of completing the survey on-line and on paper. Unfortunately, the Service Monitor Group were unable to perform a free survey this year. We thus abandoned the on-line survey and all surveys were done on paper.

Patients were invited to complete the survey as they booked in for appointments. These paper completed surveys were then collated by the admin office. The survey population was smaller this year due to delays in getting the survey on-line and eventual abandonment of that method.

Once 100 surveys had been completed we e-mailed the results to the members of the PRG.

The PRG met on 11th March 2013 to discuss the survey findings.

4) Survey findings and reaching agreement with the PRG regarding service changes:

At the meeting on 11th March 2013 the PRG was very satisfied with the survey results.

The PRG also felt that the practice should be 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 (see action plan below 5).

The full survey report can be downloaded from the practice website.
www.montgomeryhousesurgery.co.uk

We include a brief analysis here and focus on the priority areas.

There have been 100 survey completions. (Last year 163 completions)

The male: female ratio for completions is 37:63.

Last year 60 % of completions were done online. This year all surveys were completed on paper.

Priority area A) The ability to share information with the Doctor or Nurse even if it was considered irrelevant or embarrassing .

The survey results show that 86% of patients felt able to share all information, even if it was considered irrelevant or embarrassing.

The PRG felt satisfied with this response and agreed that no further action needed to be taken

In the consultation, did you feel able to share all information, even if it was considered irrelevant / embarrassing?		
Yes	No	N/A
86	11	3

Priority area B) Access to on-line medical records.

It is clear from these figures that 58% of patients surveyed thought it would be beneficial to view their own medical records on-line in the future.

The practice agreed to look into this area further. The practice is currently in the process of changing the computer medical records from EMIS LV to EMIS WEB. The practice will need to take advice and seek guidance before taking this forward in 2013/2014.

G1

Are you aware that you are able to request a copy of a majority of your medical records?		
Yes	No	Not answered
33	59	8

G2

In the future it may be possible to view a majority of your medical notes on-line. Do you think this would be beneficial?		
Yes	No	Not answered
58	34	8

Overall satisfaction

The survey shows that overall satisfaction with the practice is very high. 25% of patients give a 10/10 rating.

Overall Satisfaction

Please give us your overall satisfaction rating of Montgomery-House Surgery where 1 = Very Poor and 10 = Excellent						
1	2	3	4	5	6	7
1		2	1	4	4	13

8	9	10	Not answered
25	15	25	10

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

At the meeting on 11th March 2012 the PRG agreed on the implementation of the proposed changes listed below.

Priority area A) The ability to share information with the GP or Nurse even if it was considered irrelevant or embarrassing:

No further action required.

Priority area B) On-line access to medical records:

The practice agreed to look into this area further. The practice is currently in the process of changing the computer medical records from EMIS LV to EMIS WEB. The practice will need to take advice and seek guidance before taking this forward in 2013/2014. The practice will look into the practicality of on-line medical records access for patients.

Action: IT manager Geoff Toon to investigate and report back.

During the meeting and subsequent discussion the PRG identified two additional priority areas. These had not been identified prior to the survey.

Priority area C) Late running appointments:

The survey highlighted the problem of Doctors running late. The PRG thought it would be a good idea for the practice to focus on a 'two way' education plan to try and reduce the late running. The PRG recognises that late running appointments are stressful for patients and doctors and felt that both parties could make changes to reduce this problem.

Action: The practice agreed to run some educational slides on the plasma screens regarding the 10minute consultation and how to get the best out of the 10 minutes. The doctors will continue to focus on 'consultation skills' in the in-house teaching aim for effective and safe consultations within 10 minutes to reduce the late running.

Priority area D) On-line booking for blood tests:

The PRG felt that the on-line booking for Doctors' appointments should be extended to allow for booking of blood tests.

The practice agreed to look into this area further. The practice is currently in the process of changing the computer medical records from EMIS LV to EMIS WEB.

Action: IT manager Geoff Toon will investigate and report back.

6) This Patient Participation Report for 2012/2013 will be publicised on the Practice website.

An update on achievement following the PPG report from last year follows below:

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

A) Access - telephone consultations (partial implementation)

Dr Tipper has been offering pre-booked telephone consultations. She has been offering these booked telephone appointments in lieu of face to face consultations. (2 pre- booked telephone instead of one face to face appointment).

All the other Doctors offer telephone consultations as requested (not pre-bookable). There has been some disagreement within the practice over whether we could reasonably reduce face to face appointments and replace them with pre-booked telephone appointments. Doctors currently have 30 face to face appointments per day and 1-3 home visits per day.

B) Missed appointments and text reminders to reduce missed appointment (successful implementation)

The practice has successfully introduced text reminders for appointments. This has reduced the missed appointment rate from 4% of appointments to 3%.

C) Tannoy system and music in the waiting room (successful implementation)

The practice has changed the tannoy system which was unpopular to a plasma screen system for calling patients. This system seems to be working well.

D) Usual Doctor use (partial implementation)

The practice has reduced missed appointment rates and thus increased access to the usual Dr. The practice will consider the pros and cons of pre-bookable telephone consultations.

E) Other action points which were not original priority areas:

On-line booking for appointments (successful implementation)

The practice had a successful campaign in 2012 to increase use of the on-line booking facility for appointments.

Waiting room cleanliness (successful implementation)

Nearly all of the chairs in the waiting room have been re-upholstered with easy to wipe material.