



Montgomery-House Patient Participation Group 2013/2014 report:

Attendees at meetings (Patient Reference Group): Mr John Chalcraft, Mr David Evershed, Mrs Sandra Ashe, Ms Margaret Bourne, Ms Doreen Kempton, Mr William Affleck, Ms June Morton, Ms Sara Heyward, Mr Cyril Levicki, Dr Hazel Jones, Ms Jo Allen and Mr David White

Chair: Mr Ian Kilshaw,

Practice Staff : Dr Ben Loxton-Edwards and Mr Geoff Toon

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 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), Wednesday AM, Wednesday PM, 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, 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 Mark Lumb 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, 1 summariser

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 12,359 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. We encourage patients to book telephone appointments for simple queries. Each Doctor offers 4 booked telephone appointments per 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 2013 and April 2014.

At the first meeting this year on 4/11/2013 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, plasma screen messages in the waiting room and invites from GPs while attending appointments.

The 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 2013-April 2014:

There were a total of 12 patients who attended meetings (PRG). This was up on last year when 9 patients attended the meetings. There was a wide range in age (ranging from 44 years to 79 years). There was a range in socioeconomic class and a roughly equal M:F ratio (5:7). 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.

The last two surveys were comprehensive and have resulted in significant service change on the part of the practice.

A decision was made by the PRG to repeat the majority of the original survey. The PRG found it difficult to identify new areas of priority. Overall satisfaction with the practice remains generally very high.

The PRG did, however, identify **two priority areas** for the survey. The length of the survey was reduced to make it easier to complete.

New priority areas for the 2013/2014:

A) Technology

The PRG wants the practice to encourage the use of on-line technology to free up reception staff.

There was a feeling amongst the PRG that the practice is not doing enough to encourage

- on-line appointment booking
- phone app to book appointments (Emis Access)
- on-line medication ordering
- Email invitation for chronic disease clinics

B) Communication

The PRG wants the practice to improve communication about the services on offer and changes happening. In particular the PRG would like to see Doctor and Nurse profiles on the website so that they can make appointments with the most appropriate clinician directly.

3) Survey execution and the collation of patient views:

Having finalised the questions patients were invited to complete the survey as they booked in for appointments. These paper completed surveys were then collated by the admin office.

Once 100 surveys had been completed the results were collated.

The PRG met on 10th March 2014 to discuss the survey findings.

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

At the meeting on 10th March 2014 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).

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.

The male: female ratio for completions is 37:63

Priority area A) Technology

The PRG wants the practice to encourage the use of on-line technology to free up reception staff.

There was a feeling amongst the PRG that the practice is not doing enough to encourage

- on-line appointment booking
- phone app to book appointments (Emis Access)
- on-line medication ordering
- Email invitation for chronic disease clinics

The survey results show that just 9% of patients use online booking and just 3% use the phone App to book appointments.

How do you normally book your appointments to see a Doctor or Nurse at the surgery?			
In person	By phone	Online	Phone App
18	80	9	3

Priority area B) Communication

The PRG wants the practice to improve communication about the services on offer and changes happening.

In particular the PRG would like to see Doctor and Nurse profiles on the website so that they can make appointments with the most appropriate clinician directly.

E1

Where do you find out information about the practice?						
Website	Newsletters in reception	Leaflets in reception	The Plasma screen	Do not get information	N/A	(8 people cycled more than 1)
11	18	26	15	20	13	

The survey showed that 20% of patients do not get any information from the practice.

Patients obtain information from different sources. Overall the PRG felt the practice could be offering more information about each clinician. This would help patients find the most appropriate clinician for a particular problem.

Overall satisfaction

The survey shows that overall satisfaction with the practice continues to be very high.

26% of patients give a 10/10 rating.

63% of patients gave rating of between 8 and 10.

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	1	2	1	7	7	11

8	9	10	Not answered
23	14	26	7

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

At the meeting on 10th March 2014 the PRG agreed on the implementation of the proposed changes listed below.

Priority area A) Technology

- on-line appointment booking
- phone app to book appointments (Emis Access)
- on-line medication ordering
- Email invitation for chronic disease clinics

The practice agreed to promote on-line appointment booking , the phone app and on-line medication ordering.

These are currently being promoted on the plasma screen. In due course the practice will promote this on the website.

The practice agreed to look into email invitations for chronic disease clinics.

There are rules around the invitation for chronic disease clinics. These rules are set out by the Department of Health and thus we must work within them. From our understanding at least one yearly invite to a chronic disease clinic has to constitute a letter to the patient's address. The 2 subsequent invites can be by email, telephone or text.

Priority area B) Communication

The practice agreed that Doctor and Nurse profiles on the website would be a good idea. This would allow patients to book appointments with the most appropriate clinician directly.

The practice agreed to add profiles during 2014.

An update on achievement following the PPG report from 2011/2012.

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

A) Access - telephone consultations (successful implementation)

All Doctors now offer 4 pre-booked telephone appointments 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 (on-going 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.

An update on achievement following the PPG report from 2012/2013.

At the meeting on 11th march 2013 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 (found not to be an issue in the survey – no action required)

Priority area B) On-line access to medical records (await implementation in 2014-2015)

The practice has successfully changed the computer system to EMIS WEB. The practice hopes to be able to offer on-line medical record access to patients in 2014-2015. We will be looking for volunteers to trial this later in 2014.

Action: IT manager Geoff Toon to continue investigation

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 (on-going implementation)

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 is running some educational slides on the plasma screens regarding the 10 minute consultation and how to get the best out of the 10 minutes.

Priority area D) On-line booking for blood tests (successful implementation)

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

The practice successfully implemented this. Patients can now book blood test appointments on-line directly with Phlebotomist Lynn Blood.