



Montgomery House Patient Participation Group 14th June 19:00

Notes:

Present Ms Janet Attwood, Mr David Attwood, Mr Mike MacKenzie, Mrs Marion Evans, Mr David Evershed, Dr Aistair Murphy, Dr Stuart Brand, Dr Will O’Gorman, Dr Ben Loxton-Edwards, Mrs Sarah Arnall

Introductions

Aims of PPG

The aims of the PPG were outlined. The main aim is to increase patient involvement in the running of the practice. We would like to improve communication with our patients and identify priority areas for development. All patients are welcome to join the PPG. We are seeking a PPG which is diverse and representative of the practice population. The group will aim to identify priority areas. Once priority areas have been identified the PPG will carry out a patient satisfaction survey to help shape service improvement.

Ground rules

We discussed some ground rules. This is not a forum for discussing individual medical problems. Any disagreements in this forum would not alter the doctor / patient relationship.

Recruitment to PPG

Recruitment to the PPG has been via the newsletter (attached) and the flyer (attached). The newsletter can be found on the practice website. Both the flyer and the newsletter have been on display to all patients booking in at the front desk. GP’s made efforts to individually invite patients while consulting. Particular groups of patient were identified as having specific health needs. The practice has a large population of drug users. BLE made a point of inviting drug users when attending appointments.

Structure of the group

Looking around the table we identified the group as being made up primarily of people who range in age from 50 to 70. We discussed how the PPG 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. A suggestion was made to invite young parents or prospective parents via the ante-natal group. Ideally the PPG would include particular vulnerable patient groups with specific health needs such as the elderly and patients with learning difficulties. BLE will encourage participation by inviting staff and residents from Fewcott House, Piggy Lane, St Edburgs Care Home and Cherwood House.

Views from the PPG

- MM expressed concern over the Out of Hours (OOH) Service and his experience. He found that there had been delays in responding to calls. AM explained that the OOH service is run by a private provider. The PCT has responsibility for commissioning this service. We agreed to feedback his concern.
- Several members of the PPG did not know how to contact the OOH Service. AM encouraged the use of the practice leaflet (attached), which includes details of the OOH Service. (OOH telephone from 6:30pm to 8:00am 0845 345 8995)
- MM said that wheelchair users had some difficulty accessing the practice due to the design of the handle on the inner set of doors. SA will look into this.
- MM asked about the withdrawal of the postal service for medications. Patients had not been warned about this sudden change. AM explained that this service had been withdrawn by the Post Office at very short notice. We had very little warning and had to react quickly. At the time the Partners decided to offer a delivery service to those patients who have difficulty coming to the surgery. This service is funded entirely by the partners and has been set up in conjunction with Bicester Health Centre. We now employ a delivery driver to ensure deliveries.
- MM commented on the waiting time to see AM. AM felt that the waiting time to see him was in part due to a reduction in his hours to work as a ¾ time Partner. AM commented on how patients are often happy to wait a considerable length of time to see the GP they know as opposed to the next available GP. AM commented on the difficulty in providing high levels of continuity of care in the practice while also trying to maintain 48 hrs access to a GP. The last Government valued and incentivised 48 hrs access.
- AM thought that a question could be asked in the survey to find out whether patients value continuity of care above 48hr access.

- DE asked why medications are now issued monthly as opposed to 3 monthly. WO explained that there was guidance from the PCT to issue prescriptions on a monthly basis to reduce wastage.
- ME asked if we had considered a suggestion box in the reception area. SA will look into this.
- ME asked if we had any need for volunteer drivers. BLE said that we hoped to recruit volunteers in the future. We are currently undecided on the potential role of volunteers. A group of volunteers would be of great help to the practice. This may be an area that the PPG could develop.
- BLE thought that the lost appointments to patients that do not attend (DNA) would be an area that the PPG may like to focus on. There were 22 DNA appointments on the Monday before the meeting. Unfortunately the practice has not developed a robust policy on this. Some practices have mechanisms in place to reduce DNAs, such as writing to patients who habitually fail to attend. Members of the PPG expressed surprise at this level of DNAs especially when they sometimes have to wait several days to see the doctor of their choice. BLE agreed to collate some figures regarding weekly DNA rates and bring the issue back to the next meeting.
- DE had found that sometimes his comments on the repeat prescription, on the internet, had not been answered. SA will look into this.
- DE also noted that when Dr Rowlands left patients had not been informed. SA stated that this news was in the newsletter at the time. Letters had not been written. This was mainly due to the cost of postage. Each partner has 2500 registered patients and the cost of postage did not justify individual correspondence.
- There was a discussion on the type of survey that the PPG would use.
- After a long and fruitful discussion it was decided that we would benefit from a glass or two of wine at our next meeting.

PPG action plan:

- Aim to increase the size of the PPG and diversity within the PPG
- Meet again on the 4th August at 19:00 to agree areas of priority. Once we have agreed the areas of priority we will develop a patient survey to collate broader patient views.
- Discuss the patient survey with the PPG and then discuss changes in the provision and delivery of services.