

Montgomery House Patient Participation Group (PPG)
NOTES OF THE MEETING
19:00 12th September 2011

Present:

Mrs Janet Attwood, Mr David Attwood, Mr David Evershed, Mr Ian Kilshaw, Mrs Doreen Kempton, Mr William Affleck, Miss Georgina White, Mr David White, Miss Emma Fuller, Dr Ellen Fallows, Dr Ben Loxton-Edwards

Apologies:

Mrs Marion Evans, Mr Mike Mackenzie, Mrs Jane Ashe and Mrs Margaret Bourne

Subject	Details	Action
Introductions and Administration	<p>Introductions were made. Mr Ian Kilshaw was proposed as the Chairperson. He was seconded by Mr Attwood. Mr W Affleck agreed to take notes for this meeting. We are still looking for a willing secretary. The notes from last meeting (meeting 2) were reviewed. There were no objections or omissions.</p>	
Aims	<p>Mr Ian Kilshaw stated the aims of the PPG. The PPG will provide a platform to improve two way communication between patients and the practice. Patient views are sought in order to improve the service that is provided within the available resources of the practice. The Practice invites the PPG to gain a greater understanding of the issues and opportunities facing the practice.</p>	
Feedback on actions from the previous two meetings	<ol style="list-style-type: none"> 1) The suggestion box is now in the waiting room. 2) A letter has been received from Christine Hewitt (Service Manager for Urgent Care). This was in response to feedback that there were delays in the Out Of Hours GP response times. The letter states the targets set by the Department of Health for Out Of Hours GP providers. <ul style="list-style-type: none"> - Target for Emergency calls 'time to triage' – 95% within 3minutes - Target for OOH urgent calls 'time to triage'- 95% within 20 minutes - Target for OOH non-urgent calls 'time to triage' – 65% within 60 minutes. The local OOH service in Bicester reached the target for emergency and non urgent calls in July 2011. For urgent calls they achieved 92%. The OOH service is receiving a 12% year on year increase in activity. The service does have an action plan to meet their targets. The plan is to provide more clinicians. 3) The design of the handles on the inner set of doors has been altered to improve access for wheelchair users. 4) Sarah Arnall has asked the receptionists to take extra care to ensure the messages left on the electronic repeat ordering system are acted on. 5) Two Pre-surveys have taken place since we last met. Thanks to Mr David Evershed and Mrs Jane Ashe. 	

<p>An open discussion ensued after review of the notes from meeting 2</p>	<p>Volunteer driver scheme DK expanded on the volunteer driver scheme. She is a volunteer and helps by taking patients to appointments at the hospital. DK said there was a need for more volunteers. There had been an advertisement in the local paper but there was limited response. DK thought that the service was not well publicised. DK thought that practice may like to advertise the service.</p> <p>DNA (an abbreviation for a patient that does not attend their booked appointment) IK thought that the DNA problem was an issue that the PPG should be involved in. Many members of the group had noticed the signs in the waiting room to bring attention to the DNA problem. There were 210 DNA's last month. The patient group recommended that action should be taken to reduce this problem.</p> <p>Different methods to reduce DNA rate were discussed. Text reminders and sanctions were discussed. There was a suggestion that patients who DNA frequently should be asked to confirm their attendance a minimum of 1 hour before the appointment or the appointment would be automatically canceled</p> <p>BLE stated that this issue was complex. Patients DNA for different reasons. There is no easy solution to this problem. There are frequent articles, research papers and debate in the GP magazines regarding DNA management. BLE accepted that the practice had not really tried to tackle this problem in the past. BLE will bring some articles to the next PPG so that further insight is gained into this issue. DE asked if the practice could research the reasons why people DNA by ringing them up. BLE did not discount this. BLE stated that the Partners were in discussion over the long term strategy for DNA management. It would probably involve writing letters to patients with high DNA rates.</p> <p>'Usual doctor' system DE enquired again about the 'usual doctor' system. BLE reiterated the main points. All patients are registered with Montgomery House Surgery. Patients are then allocated a 'usual doctor'. This is seen in the top right of the computer screen and visible to receptionists and clinicians. We encourage patients to find out who their 'usual doctor' is and make a habit of seeing their 'usual doctor'. Your 'usual doctor' will be receiving your hospital letters, blood tests and will respond to queries from other health professionals (Practice Nurses/District Nurses/Health Visitors). The 'usual doctor' will complete any insurance reports etc.</p> <p>We try to share out workload (patients) according to the number of sessions a doctor works. There is some disparity between the list sizes and sessions worked. This situation has occurred due to changes in the Partnership.</p> <p>When previous Partners left, their patients were transferred directly to the incoming Partner's list. (Dr Rowlands → Dr Fallows) (Dr Slowther → Dr Loxton-Edwards).</p> <p>Unfortunately many patients do not know who their 'usual doctor' is. This is partly due to a spate of retirements in the last 5 years. We hope the practice will be more settled and doctors will stay in post to establish the long term relationship.</p> <p>If a patient wants to change their 'usual doctor' they can ask reception or the doctor that they are seeing.</p> <p>Patients are able to see other doctors who are not down as their 'usual Doctor'. Patients may request a female or a male doctor for certain problems.</p>	<p>Practice to include info in the newsletter.</p> <p>Practice to decide on policies to reduce DNA rates in the long term.</p>
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	<p>DE stated that there had previously been problems in joining Dr Murphy's list about 12 months ago. BLE stated that the Partnership had changed since then to make it possible for patients to change their 'usual doctor'.</p> <p>Good news from the practice Dr Kate Frankland is now in place as our new Partner. She is a highly respected GP and knows the area well. BLE and EF feel the practice will be strengthened by her appointment. Dr Mathew Gee is in place as a GP Registrar. He is in the last year of training to become a GP.</p> <p>Eight bicycles have arrived from GO ACTIVE. The plan is to start a 'Cycling for Health Group'. We would like to run two cycles a week with volunteer leaders. The cycle groups would be available to all patients. In particular GP's will encourage patients with high blood pressure, diabetes, obesity and mental health problems to improve their health via exercise.</p>	BLE would like involvement from the PPG in this project.
Patient Survey	It is agreed that the PPG form a sub-group to design a more in-depth survey.	PPG
AOB	<p>Volunteers for survey group to Mr Ian Kilshaw</p> <p>Notes left on the repeat drug ordering system are still not getting through.</p>	<p>PPG</p> <p>PPG suggested stopping this form of communication because it does not seem to be working. BLE to discuss with Partners.</p>
Date of Next meeting	<p><u>7th November 7.00pm</u></p> <p>Note draft survey should be circulated by October end by PPG sub group</p>	

Pre-Survey 2 – Mrs Jane Ashe

Questionnaire re: Montgomery House

I approached this task in what I consider to be an organised way – starting with ease of making an appointment; through to receiving results.

This naturally resulted in various comments – which I will briefly outline here; as I am sure that they also have cropped up with the others doing the survey.

As you can see from the results, of the twenty seven people interviewed, the majority are more than happy with the help they receive at Montgomery House.

They appreciate that it is difficult to achieve a universally satisfactory outcome, given the number of patients involved. It is a credit to all the Health Centre staff that people have so much confidence in the service offered.

As I said above, a few points did come up:

- Long delays in the waiting room causes anxiety for the elderly
- Music in the waiting room is sometimes intrusive, and not always appropriate; and can cause difficulties in hearing announcements – this is a particular problem for the elderly or hard of hearing
- It is always difficult to get an appointment with one's own doctor – often a three day wait
- Receiving test results seems to be a problem for some patients – if there is no phone call from the Health Centre, it is assumed that all is well
- Waiting times do seem to be a problem for those who work locally – and have just popped out for the appointment (*Perhaps a small information whiteboard in reception, advising of delay,s would help – but must be kept up-to-date in order to be useful. This would give patients the opportunity to inform employers etc. of delays*)
- The handover procedure when doctors leave, causes uncertainty as to whom the replacement will be
- The system for weekend and evening calls causes concern (particularly for the elderly and vulnerable) as the doctors are strangers, and therefore have no background knowledge of the patients concerned

- Some patients felt that the wait for blood tests and blood pressure can be unduly long – and this causes extra stress and pressure. This was not a criticism of the nurses concerned; the feeling was that the problem was caused by their excessive workload at times.

I felt that some of the more negative comments sprang more from the personality of the patient being interviewed than from shortcoming on your behalf.

Everything else was positive. Chairs were felt to be comfortable, and the surroundings very pleasant. There was praise for the reception staff – both on the phone and during booking-in.

Please find attached my table of results. I do hope that this information is of help, and that it provides useful material for debate at the meeting.

Montgomery House

Initial Questionnaire

September 9 2011

		<u>Problem</u>	<u>No Problem</u>
Ease of Appointment	Doctor	4	22
	Nurse	2	22
	Triage	1	20
Transport	To	0	25
	From	0	25
Parking		0	21
Signing-in		0	23
Reception		0	25
Waiting room		0	25
Waiting times		8	20
Pharmacy		1	23
Receiving Results		3	22
Overall experience		2	25