

College Road Surgery

PPG Meeting Minutes



Wednesday 30th October 2013 commencing 6.30 – 7.30 pm
College Road Surgery Conference Room

| | |
|---|---|
| Present: Mr John Hughes (Chair) (JH) Mr Mervyn Rees (MR) Mrs Sylvia Hadley (SH) Mr Alan Mills (AM) Mrs Maureen Mills (MM) Mr Brian Hill (BH) | Mrs Christine Hodson (CH) Mrs Claudette Barrett (CB) Miss Alexia Selzer (AZ) Dr Adriana Zilveti (DrAZ) Dr Sarah Long (DrSL) Mrs Sue Davis (SD) Mr Roy Sellarajah (RS) |
|---|---|

- Apologies:** Mrs Sandra Mosley / Mr B Chare
Brian Hill not recorded on last minutes
- The minutes of the last meeting were reviewed and signed off as a true reflection/summary of the meeting. Confirmed minutes – proposed and seconded. Actions not covered were followed up on today's agenda.**

RS on behalf the JH (Chair) and the entire group gave a very warm welcome to Alexia Selzer who kindly came to observe and be part of the Patient Participation Group (PPG) for this meeting as part of some very worthwhile extracurricular work she is doing for the Junior Rotary Club. RS explained the basic principles, ethos and workings of the group. RS also gave Alexia a ground rules document which detailed how the group operated in meetings to ensure mutual respect, everyone's opinion/voice was heard and also basic housekeeping rules.

RS confirmed after the last meeting that this was JH's first meeting as Chairman and wished to express thanks for him stepping into this role and all the very best. Under our new chairman and as a proactive PPG group with strong members the future looked very positive. RS also re-stated the overall desire of all to improve engagement and over time the representational aspect of the College Road PPG which was important.

RS gave on-line presentation of changes to PPG section of the practice website including on-line forum opportunities and other electronic paperwork and resource which can now be accessed including all Agendas and minutes for all PPG going forward from the 4th September 2013. The group discussed the changes and were happy with the progress made. RS also updated as to other progress from the last meeting which included the setting up of NHS PPG e-mail account allowing papers to be e-mailed to members (Bcc), increased advertising in Chemist area and reception area for new members. PPG advertising on the patient information screens. Increased advertising/recruiting drive by administrative and clinical staff by use of promotional literature and posters. JH alerted the

group to the fact a telephone number area needed to be added to the interest form – RS to action.

JH brought up patient representatives from the group increasing representation in the practice, giving personal introductions, informing patients what the PPG does and also recruiting for the PPG. Mrs Hodson, Mrs Hadley, Mr and Mrs Mills among others volunteered which was very much welcomed. RS/SD will facilitate some badges when members come to the practice to do this work.

RS has been in discussion with CCG about PPG ideas, opportunities and plans to take our College Road PPG forward and these were shared with the group including the patient survey looking and gauging patient opinion in topics current and relevant to patients, the practice and the NHS.

The group had an in-depth and important discussion around the patient questionnaire and the topics covered (summarised for the purpose of the minutes). After discussion, engagement and agreement the PPG wanted the focus of the survey to be on issues/areas important and relevant the NHS but more importantly to the practice and its patients.

Current areas of important agreed as priority included;

- ✚ Patient DNA's and wasted resource (i.e. appointments, clinical time etc)
- ✚ Prescription & Appointment Processes – patient experience
- ✚ Clinical Quality/standards – GP's & Nurses
- ✚ Awareness of Patients rights – i.e. complaints, requesting specific GP
- ✚ Reception Matters - Patient Confidentiality and Quality of practice information

The PPG agreed on a rationale of the survey being given up to 10% of the practice population over the age of 16 which equated to approximately 930 patients. This was a high target and the PPG felt it was worth aspiring to this as it was felt to be appropriate and all were happy to carry on that basis. The survey was finalised on 7 main questions broken down in subset questions (total questions = 28) and one free text box for patient comments, if required. The survey questions were based around the agreed priorities. There was also data collection relating to demographics, ethnicity, dependant status, employment status and gender to allow the practice and the group to qualify and quantify analysis and understand more about its population.

The survey would be carried out over a period of 4 - 10 weeks to ensure we got a comprehensive set of results returned to analyse and work with. As from RS previous experience postal survey returns were exceptionally minimal but it was agreed although a majority of surveys should be given out by reception for patients to either fill in during their time at practice or take away and bring back when completed a number of postal targeted surveys would also be sent to address representational issues (i.e. Ethnicity, demographics, gender etc). Opportunistic surveys given and postal to be sent towards the end of the survey period DEC/JAN patient cohorts based on ethnicity, age, gender will be mail targeted to give proportional representation as much as possible. These targeted groups will be discussed further in Dec/Jan in terms of who the practice needs to target and RS will do some work around ready to present this with the hope of getting action moving by the end of

January.

RS advised he would have the patient questionnaire ready by the second week of November for any patient volunteers who were kindly going to attend the practice and meet and greet patients.

Again in terms of the survey the practice desired to get a representational response and would do its best to achieve this.

BH brought up a very valid point that we needed to action survey results and see a difference based on the results we received. RS explained the process of the survey and subsequent processes. The group agreed based on the results of the survey 2 – 3 actions would be decided upon and moved forward with the aspiration of improvement/enhancement for College Road Surgery. This could then be measured again year on year and the group would have a basis for comparison to gauge whether actions have resulted in improved feedback / greater patient satisfaction.

The group thought it would be a good idea to build employment status to the survey to have a socioeconomic element to the analysis and RS agreed to build in options Employed, Not employed, Long Term Sick, Do not wish to answer.

RS advised that some space has now been dedicated solely to the PPG on the notice board in the patient waiting areas. RS has done some work around the PPG 'Message/Topic of the Month' and explained the theory, ethos and rationale behind this to the group who liked the concept. It was agreed the message this month based on the season was about FLU VACCINATIONS for all eligible patients (i.e. >65, Chronic diseases, children 2-3). The idea was to inform relevant patients of the eligibility and the importance of having the flu vaccinations to avoid complications caused by influenza, especially those with compromised immune systems. JH brought up whether there were other ways of giving the vaccine and DrSL answered and informed the group of alternatives for patient with needle phobias. CB asked whether this could be promoted but the practice advised to promote this may not be wise as this was a last line alternative for patients with severe needle phobias and once patients found out alternatives they may all just want them which may not be appropriate in a number of ways. The practice advised the group it monitored, maintained and were aware of this situation and always acted accordingly in the best interest of the patient.

The practice representatives with the help of DrAZ and DrSL informed the group it had rolled out, in line with national guidance, the flu campaign for children 2 -3 years of age and invite letters had been sent out to these patients/guardians.

RS advised group of Pneumococcal vaccination campaign for over 65 years old which CB queried was being offered by the practice. DrSL advised that appropriate patients had been 'yellow flagged' – a kind of reminder system on patient records to alert clinician the patient is due for a review etc. This was also so reception staff are aware of patient needs/services and can book the patients in for appointments as necessary and needed – the practice believed this was good patient care, effective and important.

CB brought up the matter of the PPG newsletter – an informative one page document which would be made available to patients based around the PPG, practice news and information. JH advised that DP previously had great ideas around this. RS advised would look at this at the next meeting when hopefully DP was in attendance. Item on hold for further discussion.

SH brought up a valid thought about appointment cancellations and reallocations and although very good in theory upon further discussion was a little hard to facilitate and impractical in some areas possibly compromising patient care. This related to making a note of patients who could not get in for appointments just in case cancellations occurred – SD answered this query and the point was agreed by all as maybe not being workable currently – thanks to SH for bringing this idea to the PPG table though as this was part of what this forum is about.

RS advised the group for the ongoing search for a replacement Diabetic Nurse for Paula's post. Previous recruitment unsuccessful but the practice is utilising other sources including Community Diabetes team cover to ensure patients receive the same high level of care.

Roy advised about text service iPlato and though everyone agreed this was a brilliant idea the practice had identified information Governance issues in relation to the phone numbers which was explained and accepted by the group. RS advised this may still be used for campaigns such as Flu and shingles. The practice had also embarked on a campaign with posters, leaflets and opportunistic approach to update patient records and phone numbers.

JH closed the meeting with confirming no further points needed discussing at the current time. MANY THANKS EXPRESSED TO EVERYONE FOR ATTENDING.

GP / PM Meeting – College Road Surgery

NEXT MEETING Date: 8th January 2014 – 6.30pm

To Be Held @ College Road Surgery – Conference Room

Bearing in mind we are now not going to meet as a group until after the Christmas and New Year period. We would firstly like to take this opportunity to thank you very much for your important and valued contribution as members of the College Road PPG, as a group the future is looking very positive.



College Road Surgery GP's and staff would like to wish you **all** a happy festive season and a happy and prosperous New Year 2014!!