

MERRIDALE PATIENT PARTICIPATION GROUP		
Minutes of meeting held on 14th May 2015		
PPG Members (Listed in alpha order by first names)		5 out of 16 present
1	Alan Gledhill (AG)	Apologies
2	Angela Bailey (AB)	Apologies
3	Carl Porter (CP)	Resigned
4	David Smith (DS)	Present (1)
5	Jan Butlin (JB)	Did not attend
6	Jay Champaneri (JC)	Present (2)
7	Jill Smith (JS)	Apologies
8	New member to be contacted/confirmed (MR)	Did not attend
9	Marianne Hancock (MH)	Apologies
10	Marilyn Draycott (MD)	Resigned
11	Olga-Dmochowska-Korzekwa (ODK)	Apologies
12	Rita Faulkner (new member) (RF)	Apologies
13	Stephen Ashmore (Chair) (SA)	Present (3)
14	Terry Parker (TP)	Present (4)
15	Viktoria Petrikaite (VP)	No response
16	Vin Davda (Secretary) (VD)	Present (5)
Practice Staff		
	Dr Tew (Senior Partner GP) (RT)	Apologies
	Helen Rhodes (Nurse Practitioner) (HR)	Present
	Cara Morgan (Reception Manager) (CM)	Present

NB Action points are denoted by ▲

1. SA welcomed everyone to the meeting. Despite low attendance levels again it was agreed that there was an adequate number for the meeting to proceed.
2. Apologies were noted (per above). CM informed the group that MH and CP had tendered their resignation via email .CM had replied thanking them on behalf of everyone for their contributions as PPG members.
▲ SA said he may contact them directly to ascertain their reasons for resigning.

CM said that no response had been received from VP as to whether she wishes to remain on the PPG. SA and the rest of the PPG said that in the circumstances it is deemed appropriate to regard it that VP has now 'stood down' as a PPG member due to lack of attendance for several meetings and no contact. This will then create a further PPG vacancy.

3. Minutes from the last meeting were agreed.

From now on VD and SA will take on responsibility for drafting the PPG minutes and agendas and VD will check with everyone on the Friday of the week before each meeting whether they will be attending.

▲ CM agreed to draft the minutes of today's meeting and to send VD/SA confirmation of everyone's email addresses and from now on to forward a pre-meeting update to VD/SA by the Wednesday of the week before each meeting. VD/SA will then draft and issue the agenda (with that update) to everyone.

4. Most of the matters arising from the previous meeting were already agenda items for this meeting so are mentioned later in these minutes other than the following action points from the last meeting :

6a action point –CM had contacted both patients who had expressed a wish to join -1 is moving –the other (MR) has chosen to join.

▲ JC will confirm to VD the name of another patient who has wanted to join for some time

6b action point-CM confirmed that 150 SMS texts had been sent to a range of patients aged between 18-30 to encourage involvement in the PPG –This week another 150 have been sent totalling 300 SMS texts on this subject so far.

6c action point –CM circulated a copy of the Practice's March demographical report which was of interest to everyone. It was commented that it would be useful to review the data annually and possibly to look back and compare to previous year's patient demographics (if this is feasible to do)

7b action point –VD said that he hasn't had any suggested names for the spring promotional event so the competition (mentioned in the March Newsletter) is no longer valid.

7c action point –SA had made enquiries about changing the name of the PPG. He had established that this is an option however it is known as PPG in NHS terms so proposed that the name remains as is. Everyone agreed to this.

7d VD hadn't had any feedback from the PPG about the content of the PPG noticeboard. VD/SA said they would take on responsibility for this with the photos being deferred until there are a higher number of PPG attendees.

SA said he wished to raise a concern about having been informed that Dr Tew wouldn't be attending any further meetings (as noted in the pre-meeting practice update). CM said that it had already been confirmed that if it was ever identified that a particular PPG matter needed a GP's input then this would be facilitated by the Practice arranging for a GP to be in attendance at the next meeting. SA said he was uncomfortable and unhappy with the concept of not having a GP present and he felt it was a backward and negative step which should have been discussed with the PPG members before being decided. Discussion then ensued

during which it was acknowledged by the majority of people present that there is lots of pressure on GPs so they have limited time available. SA asked the views of the 4 other PPG attendees most of whom indicated that they thought it would be best if a GP attends some (if not all of the meetings). It was also noted by PPG members that it is not always possible for the PPG to know which items in advance will need GP input and therefore GP attendance would be preferable. HR explained that the aim had always been to have a clinical presence and pointed out that this is still the case as she will continue to attend the meetings. SA said that his view was that there should be a GP or the Practice Manager present at each meeting as this is the model adopted by most practices from research he has carried out. DS asked that the minutes state that "PPG members have expressed concern that a GP won't be at future meetings". CM noted it wasn't the case that it had been stated that a GP wouldn't actually be present at any other meeting.

▲ SA will email the group to seek views about the presence of a GP at future meetings

5. Results of 2014-15 Patient Experience Survey

CM circulated copies of the results overview (copies of which had been emailed to the group along with the full report and survey responses on 9th April for perusal). Both documents are also on the Practice's website. CM said that the main themes commented upon by patients who participated in the survey were: disappointment in not seeing the same GP every time, appointments and telephones.

It was confirmed by everyone that more recently there is a much better choice of appointment options and a higher number of GP pre-bookable appointments. Furthermore, the recent changes to the telephone system have addressed the main issue patients had with regard to telephones.

The 'patient expectation' to only see one specific GP each time was agreed by all as being unrealistic. CM and HR pointed out that this had been discussed and explained comprehensively by RT at past meetings. The fact that patients appear to think they should always be able to see just the one GP being a problem

Discussion then occurred about the increase in patient expectation possibly being a factor as this then tends to result in reduced patient satisfaction. The shift in patient demographics was also mentioned as another possible factor. SA asked HR/CM what the Practice's views were about the survey results. Both responded that it was disappointing to note that the overall satisfaction score of 75% was lower than last year's 80%. despite the many positive changes which had been implemented to improve the overall patient experience. CM gave an example about the extent of pre-bookable appointments which are available. SA said that he had briefly looked at the responses and across the 29 indicators the practice has scored lower on all. He also noted that results for the appointment indicator are down compared to 2014 and many of the indicators relating to 'about the practitioner' section have resulted in an average drop of 10% in the last 12 months.-

Everyone agreed that the indicative benchmark comparisons contained within the summary weren't necessarily relevant as Practice dynamics, location, demographics and other factors varied considerably-one example being that a single handed GP

Practice in a rural area is likely to score better under the category 'seeing GP of choice'.

HR commented that lots of patients from neighbouring Practices within the same LE3 boundary have opted to move to this Practice which suggests that satisfaction levels are possibly higher than at some other local practices.

The survey will be a key agenda item for the next meeting.

JC said that lots of patients regularly comment to him about how the Practice has improved a lot over the last year. TP said he has had similar remarks made to him and he thinks there have been lots of very positive developments. JC also said that often only dissatisfied people will participate in surveys and when he assisted with the completion he felt that some patients felt quite rushed so maybe had responded differently to what they may have done had they had more time to reflect DS said that his wife is involved in some hospital inspections and 'place assessments' is something which may be worth PPG members being involved in to assess the general environment of the Practice. CM pointed out that there were a number of positive comments within the report too.

▲ CM to re-send the summary and full report of results to everyone to read and digest -VD/SA to include as agenda item next time.

▲ CM to liaise with the Practice Manager, Vicki to ascertain if more relevant benchmarking is likely to be available against similar-size practices (local to Merridale).

6. PPG National Awareness Week w/c 1.6.15.

It was agreed to defer the planned spring event (mentioned in the March Practice newsletter) until w/c 1.6.15 to coincide with the above. A date of Friday 5.6.15 (from 9am to 12noon) was agreed when the aim would be to

- a. Raise general awareness about the PPG
- b. Encourage younger patients to join the PPG
- c. Establish what health related educational topics patients may be interested in for future events
- d. Emphasising the need to keep contact details up to date and to opt in to SMS reminders for appointments (to help towards reducing DNA levels)
- e. Promotion and clarification of the 'prescription services' offered – to be covered by ½ Practice staff helped by updated leaflets to hand out

As it would appear from the Patient Experience survey that there is limited awareness and/or confusion about certain aspects of the Practice's services (such as the appointment choices patients have) it was decided to also run a short quiz for patients on that day (no more than 10 questions) for patients to participate and be entered into a prize draw. This will help to gauge what gaps there might be in respect of patients' general awareness about Practice matters which could then be covered in the June newsletter.

▲ CM will liaise with other Practice staff to create a 'fun quiz' and to ensure that prescription related hand-outs are available on that day

▲ SA/VD/JC confirmed that they would be free to assist on the day.

▲ SA will email out to the group to see who else would be free to help out with the PPG Awareness stand –table etc. to be provided. HR suggested that printed balloons be organised and HR agreed to arrange this.

7. Practice Newsletter CM confirmed that the next Newsletter is due for issue by Mon 29.6.15. SA and others commented that the content and format of the Newsletter is now much improved. The following topics were agreed to include :
- Update following the changes to the prescription service
 - Summary of basic appointment options
 - Message from PPG Chair (DNA's and if room-update after PPG Awareness Event)
 - Misperceptions about having a named GP which can lead to patients expecting to see one GP only
 - *Contact details for Practice and next edition –standard items*

▲ CM will issue a DRAFT of the newsletter to PPG members no later than 15.6.15 for responses back please no later than 22.6.15 so that the content can be finalised for issue by Mon 29.6.15

8. Review following recent changes to our prescription services and telephones CM confirmed that patients were pleased with the migration away from the 0844 telephone number and initial analysis of calls indicated that patients wishing to make appointments via the telephone were getting through easier now that a separate direct line had been introduced for prescriptions. TP and JC said they found the changes and the new prescriptions direct dial really good.

CM advised that there had been mixed feedback from patients initially when the prescription changes first came into effect with some prevailing resistance from patients in not wishing to try the benefits of electronic prescriptions by nominating a local pharmacy of their choice. CM said that as at this week there are over 6000 patients who have repeat prescriptions of which almost 48% now use the EPS service. Typically, an average of 100 calls are received through the prescriptions direct line daily with an increasing number of patients opting to now request their repeat prescriptions online. JC said that he can vouch for how excellent the EPS is and it is extremely convenient having repeat prescriptions sent electronically to a pharmacy to pick up at a time which suits the patient. CM said that MH had also praised the prescription service at previous meetings and had commented how efficient the EPS service is. CM said that there had been some problems to begin with regard to the voicemail option which patients can choose if they wish but such problems had now been resolved .CM explained also that where possible the Practice tries to meet the individual needs of patients and informed the PPG about a tailor made service which the Practice provides whereby certain elderly patients who live alone and have to rely on others to order their repeat medication can now request that they be contacted monthly by the prescriptions team to establish which items they need to order next time.CM stressed that this is only available for genuine cases and it is offered when appropriate once a need has been identified. PPG

members commended the Practice for such a helpful initiative for the elderly and more vulnerable patients. It was accepted that it wasn't really appropriate to openly publicise this facility as it wouldn't be practical to offer the service for anyone other than those who have severe difficulties in arranging for their repeat medication for valid reasons.

9. PPG action plans 2014-15 –Appointments/telephones/DNA's

It was agreed that the 3 themes had already been discussed during the meeting.

10. Update from Practice staff

CM had already sent a brief update out to PPG members as usual prior to the meeting which is copied in below (other than points already covered earlier within these minutes

Pre-meeting update

- *We are delighted to confirm that Dr Alizadeh has now returned to the Practice as a salaried GP. She proved to be popular with lots of patients when she worked here previously so we are really pleased to welcome her back.*
- *Friends and Family Test –there has been very limited feedback so far despite the standard Friends and Family cards being readily available in our main reception area and this 'test' also being available on the Practice's website.*

AOB

- a) Website problems CM updated attendees about the reasons for the Practices website occasionally having been inaccessible recently. This was due to an administrative problem within the web provider company and assurances had been sought by the Practice to guard against problems like this arising again.
- b) Practice Index SA said he had found a very useful website details of which he would email to CM
- c) Drug usage –SA suggested that it might be worth considering some type of 'drug wastage' audit so that the amount of unused/surplus/out of date medication could be monitored. It was agreed that the Pharmacy next door to the Practice (although completely independent) could also be invited to participate to help understand and highlight the level of wastage.

Everyone was thanked for their input. The meeting closed at 2.05pm

Date of next meeting: Tuesday 14th July at 6.00pm (i.e. evening meeting)