

**MERRIDALE PATIENT PARTICIPATION GROUP**  
**Minutes of the evening meeting held on 14<sup>th</sup> July 2015**

**PPG Members (Listed in alphabetical order by first names) 7 out of 13 present**

<b>1</b>	<b>Alan Gledhill (AG)</b>	<b>Present (1)</b>
<b>2</b>	<b>Angela Bailey (AB)</b>	<b>Present (2)</b>
<b>3</b>	<b>David Smith (DS)</b>	<b>Present (3)</b>
4	Jan Butlin (JB)	Did not attend
<b>5</b>	<b>Jay Champaneri (JC)</b>	<b>Present (4)</b>
6	Jill Smith (JS)	Apologies and resignation received
7	Marianne Hancock (MH)	Apologies received
<b>8</b>	<b>Olga-Dmochowska-Korzekwa (ODK)</b>	<b>Present (5)</b>
9	Raj Mann	Did not attend
10	Rita Faulkner (RF)	Did not attend
<b>11</b>	<b>Stephen Ashmore (Chair) (SA)</b>	<b>Present (6)</b>
<b>12</b>	<b>Terry Parker (TP)</b>	Apologies received
<b>13</b>	<b>Vin Davda (Secretary) (VD)</b>	<b>Present (7)</b>
-	<b>Jan (possible new PPG member)</b>	<b>Observing</b>
<b>Practice Staff</b>		
<b>14</b>	<b>Dr Clarke</b>	<b>Present</b>
15	Helen Rhodes (Nurse Practitioner)	Apologies received
<b>16</b>	<b>Cara Morgan (Assistant Practice Manager)</b>	<b>Present</b>

*NB Action points are written in italics and denoted by ▲*

### **1. Welcome**

SA welcomed everyone to the meeting. It was noted that this is the first-ever evening PPG meeting (6pm start) and that the attendance was excellent.

### **2. Apologies**

See table above. It was noted that there has been no correspondence from Viktoria Petrikaite in response to several requests from CM for VP to confirm her status on the PPG. ▲ *SA confirmed VP to be considered as 'stood down' from the PPG.*

### **3. Minutes from the last meeting**

These were agreed as accurate (no changes required). SA confirmed that from this meeting forward VD and SA take the responsibility for drafting the PPG minutes and agendas. Drafts will be circulated to CM so that the practice can review all documentation before it is sent to the wider PPG membership and placed on the PPG noticeboard and practice website. On behalf of the PPG, SA thanked CM for her previous work drafting the PPG agendas and minutes.

The group reviewed the previous minutes and a number of points were raised:

- a. Page 2: 'JC will confirm to VD the name of another person who has wanted to join the PPG for some time' ▲ *JC to follow-up with VD*

- b. Page 2: 'Dr Tew wouldn't be attending future meetings'. SA noted that following further discussion with the practice a doctor will attend PPG meetings but it may not always be Dr Tew. At this point SA provided brief feedback on the recent survey of PPG members: of 6 respondents, 5 rated attendance of the GP either 'important' or 'very important', there were mixed views on whether a GP should attend every PPG meeting and comments also indicated various viewpoints, e.g. 'I have previously wondered about the value of Dr Tew attending all and every meeting throughout' and 'presence of a GP would ensure that patients/PPG members queries/views are given directly to the GP and also get the GPs and response for current issues being discussed at the meeting'. SA thanked all PPG members who had completed the survey and suggested that GP involvement at the meeting is reviewed annually.
- c. Page 5: general praise in relation to the most recent practice newsletter.

#### **4. Matters arising**

At this point a number of PPG members highlighted important matters, including:

- a. AB: explained that she recently attempted to cancel her appointment but waited 20-25 minutes after calling (0116) 2166996 before giving up ▲ *CM will look into this and contact AB directly*
- b. DS: thanked practice staff for their recent care of his mother. He also explained that his mother finds the practice automated messages are spoken too quickly ▲ *CM will look into this for the next PPG meeting*
- c. ODK: raised a number of points in relation to prescribing. She suggested that the paracetamol policy may be confusing some patients. ▲ *CM will look into this matter to see if awareness can be raised via the Jayex screen and via a forthcoming issue of the newsletter*
- d. VD: identified that he has been in contact with Mr Kataria – a potential new PPG member. VD had sent Mr Kataria all the relevant meeting information. CM noted someone else has expressed interest but confirmation is awaited.

#### **5. Results of 2014-15 Patient Experience Survey**

SA explained to PPG members that the patient experience survey (IPQ) had been briefly discussed at the May meeting and it had been agreed at that stage that it would be the main agenda item at this meeting as more time was required for members to review the results in more detail. With this in mind, VD had re-sent all members copies of the IPQ report, plus a two-page analysis created by SA. There followed a lengthy, honest, open and productive debate in relation to all aspects of the IPQ.

The main concerns raised by a number of PPG members were that the results for the practice have deteriorated significantly when compared with results recorded in 2012 and 2014. For example, results for the 'about the practitioner' section (questions 9-21) have all dropped between 13 to 20 points in three years from 2012 to 2015. It was also noted that 'appointment satisfaction' has dropped from 65 in 2014 to 57 in 2015 and the majority of negative patients comments related to appointments. During discussions a number of PPG members gave personal accounts of their own experiences with the practice (clinical and non-clinical) and these included both positive and negative reflections.

The group spent some time discussing the way that survey results are reported and it was agreed that some of the national benchmarks disadvantage the practice. CM confirmed that the practice manager is trying to gain comparative data for similar size/demographic practices in Leicester. ▲ *CM will report data (if/when available).*

As part of the discussions Dr Clarke confirmed that the practice workload has increased significantly but that the practice is disappointed with the results and is taking steps to improve. It was also noted by the practice that they are gaining more patients joining the practice from Hockley Farm. CM confirmed that results of the survey were shared with practice staff in June and the next practice protected-learning time event (15<sup>th</sup> July) will focus on the IPQ and considerations of how the practice can make changes to improve. CM also noted that the practice will develop an action plan to address key points raised by the survey and that the PPG will be invited to assist with creation of the action plan. ▲ *A future PPG meeting to be dedicated to the PPG reviewing and enhancing the draft IPQ action plan. CM will send some suggested dates for this.*

It was noted that although the majority of survey results have resulted in a decrease, the practice have acted on previous advice received in surveys from patients, e.g. replacing the 0844 telephone number and offering appointments on Saturday morning. It was acknowledged that lots of patients who completed this survey in Spring 2015 made many positive comments towards the practice and its staff.

It was noted that unlike previous surveys the 2015 survey did not focus on named clinicians within the practice. ▲ *The Practice and PPG to review whether to revert to previous system for 2016 survey or to continue with un-named clinicians.*

CM stated there had been a previous appointments survey, she updated the PPG about further appointment changes and suggested a further survey might be worthwhile in future – the questions could be agreed with the PPG members. Those present agreed with this suggestion so it was carried forward to a future meeting.

On a final note, the PPG offered to help the practice in whatever ways possible to improve results of future surveys. Note: AG left the meeting at this point.

## **6. Feedback from PPG Awareness Week**

Note: this agenda item was taken ahead of 5 (discussed as part of matters arising).

SA explained that as part of PPG national awareness week the PPG (SA, VD and MH) and the Practice organised an event in the waiting room on Friday 5<sup>th</sup> June. The focus of the event was three-fold:

- a. To raise general awareness about the PPG
- b. To raise general awareness of the prescription services offered
- c. To encourage patients to complete the Friends and Family Test (FFT).

SA reported that the event had been a success. Although no patients had been recruited for the PPG, the PPG helped gain 19 responses for the FFT:

- 8 patients = extremely likely to recommend
- 7 patients = likely to recommend
- 3 patients = neither likely or unlikely to recommend

- 1 patient = unlikely to recommend
- Overall recommendation rate = 79% (15 out of 19 patients).

## **7. PPG action points: 2014-15**

SA reminded PPG members that each year the PPG select three key areas to work with the practice on improving. Brief updates were given as follows:

- a. Appointments – no PPG work has started in relation to this action point and SA asked members to consider offering to lead on this. AB expressed interest in helping co-ordinate this area of work with other PPG members and CM said that it was possible that MH may wish to participate
- b. Telephone system – no PPG work has started in relation to this action
- c. Patients who do not attend – SA noted that data shows the weekly DNA rate for the practice has doubled in one year and now stands at 120-130 DNAs per week. SA and CM met recently to discuss a plan of action and CM highlighted how the practice will tackle this problem. CM reported that there will be a number of different initiatives to try and reduce the DNA rate that include: change to wording of appointment reminder SMS, patients who DNA to receive a same day telephone call from practice, DNA letters have been revised and will be sent to those who persistently DNA, practice DNA policy to be revised, issue of DNAs and cancellation of appointments to be featured in a future practice newsletter, etc. SA stated that he was impressed at the practice plans to address this on-going issue and he also tabled a draft letter from the PPG to be sent to patients who frequently miss appointments. ▲1. SA to re-draft PPG letter in response to comments, 2. DNAs to remain as an agenda item to monitor progress.

## **8. Update from the practice**

CM had prepared a practice update that VD had circulated to members. Key points:

- a. Prescription phones – calls to this line are now being 'split' to help further improve the patient experience and initial feedback has been positive
- b. Dr. Atwal is leaving the practice at the end of July
- c. Another female GP may be joining the practice in September
- d. The practice has submitted a request to vary the practice boundary and this is currently under consideration.

CM asked if the PPG members would be willing to raise awareness of flu campaigns by running another PPG event in the Autumn. ▲ CM to circulate further details.

## **9. Any other business**

SA noted that he has recently attended the Leicester City PPG Forum (held at the Merlyn Vaz Centre) and that he would attend future meetings to link with other PPG members representing practices in Leicester City CCG.

## **10. Next meeting date**

This will be a lunchtime meeting on 13<sup>th</sup> October 2015. ▲ VD to circulate agenda.