

MERRIDALE PATIENT PARTICIPATION GROUP		
Minutes of meeting held on 17th March 2015		
PPG Members (Listed in alpha order by first names)		5 out of 15 present
1	Alan Gledhill (AG)	Did not attend
2	Angela Bailey (AB)	Apologies
3	Carl Porter (CP)	Apologies
4	David Smith (DS)	Present
5	Jan Butlin (JB)	Did not attend
6	Jay Champaneri (JC)	Did not attend
7	Jill Smith (JS)	Apologies
8	Marianne Hancock (MH)	Present
9	Marilyn Draycott (MD)	Apologies
10	Olga-Dmochowska-Korzekwa (ODK)	Did not attend
11	Raj Mann (RM)	Apologies and resignation
12	Stephen Ashmore (Chair) (SA)	Present
13	Terry Parker (TP)	Present
14	Viktoria Petrikaite (VP)	Did not attend
15	Vin Davda (Secretary) (VD)	Present
Practice Staff		
	Dr Tew (Senior Partner GP)	Apologies
	Helen Rhodes (Nurse Practitioner)	Present
	Cara Morgan (Reception Manager)	Present

NB Action points are denoted by ▲

1. SA welcomed everyone to the meeting. Despite low attendance levels this time 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 Raj Mann had tendered his resignation due to his ongoing work commitments. Those present all commented that they were sorry to note this as RM had always actively contributed useful ideas and provided helpful feedback as part of the PPG. It was agreed that RM should be thanked on behalf of everyone for his contribution and work with the group.
 - ▲ CM to send thanks to RM
3. Minutes from the last meeting were agreed.
4. Most of the matters arising from the previous meeting were already agenda items for this meeting so are mentioned later in these minutes. Additional points arising were :

a) PPG gold coloured name badges had been ordered and these were handed out to those who were present.

▲ CM to order one for TP too (to match the rest)

5. Brief review of recently updated PPG documentation

- Terms of Reference (TOR)
- Terms and conditions (T&C's) for PPG members
- Roles and Responsibilities of PPG Chair and Secretary

CM confirmed that no comments or queries had been sent to her by any of the PPG regarding the 3 draft documents since the last meeting. SA explained that on that basis CM/SA had jointly finalised those 3 documents –copies of which were emailed to everyone by CM on 18.2.15. CM confirmed that those documents have also been added to the "PPG documents" page of the Practice's website. SA asked if those present were fine with the content -everyone confirmed that this was the case.

6. PPG attendance and recruitment.

a) Membership numbers CM confirmed that In view of RM's resignation this then reduces the PPG membership to 14 (with an outstanding query as to whether VP wishes to remain on the group). CM had emailed VP on 12.3.15 (having also tried to ring her) but hasn't had a reply as yet. CM advised that 2 patients had been in contact expressing a wish to become involved. SA asked that they be contacted and invited to join

▲ CM to chase up a reply from VP and also to invite the 2 patients concerned to join

b) Younger members Discussion then ensued as to how best to encourage younger patients to join the PPG (particularly those aged 18-30). It was agreed that it would be worth sending an SMS text to younger patients encouraging them to join. CM confirmed the number of patients (aged between 18 and 30) and explained that it wasn't practical to send out too many SMS messages on this subject. After discussion it was decided that 150 messages should be sent to a random number of patients aged 19-30. Including mention within the March Practice newsletter; on the Jayex wallboard; the Practice's website was also agreed.

▲ CM to arrange

CM advised that she was currently awaiting a return call from SYS who may be able to assist with regard to facilitating engagement with younger patients generally. MH commented that it may be worth seeing if any patients within the 'mother and baby' clinics would be interested in joining. It was agreed that this may be feasible (subject to first awaiting a response from VP per item 6a) above).

c) Patient demographics – The information which was to hand as regards patient demographics needed to be finalised and created in a user friendly format before it could be shared with the PPG.

▲ CM confirmed that the final report would be circulated once available so that the details could then be discussed at the next meeting with the aim of ensuring that the PPG is a truly representative patient mix.

d) Evening PPG meeting-It was agreed that there would be an evening meeting starting at 6pm on Tuesday 14th July.(i.e. after the next meeting in May).

7. Ideas of how to raise the profile of the PPG

- a) You Tube link -SA asked those present if they had viewed the link included in the minutes which shows the work in Worthing
<https://www.youtube.com/watch?v=KtyAL8fSKSq>.
MH confirmed that she had done so.SA encouraged everyone to have a look as it is worthwhile.
- b) Promotional Event CM asked whether the PPG would be happy to assist with a promotional event in May in order to raise awareness about the PPG and also to help to promote and explain about the prescription services offered. Everyone present indicated that they would be happy to participate (subject to having Practice staff assisting with regard to provision of information relating our prescription service). CM confirmed that this would be the case. It was agreed to aim for the event to be held the middle of May (most likely the w/c 18.5.15) with light refreshments being made available –with use of the grass area (weather permitting). Running a competition to seek ideas for a suitable name for this event was also agreed as a good idea as was having a dedicated ‘PPG stand’ on the day. VD confirmed that he was happy for his email address to be used for competition entries (with a closing date of 30th April) with the PPG deciding the winning entry.

It was agreed that this event would be an ideal opportunity to

- Raise awareness/provide clarity about the PPG
- Encourage younger (and unemployed) members to join the PPG
- Ask patients what topics they would like to be covered at future events
- Seek feedback about any Practice related matters

It was agreed that mention of this planned event and competition should be included within the March Practice newsletter.

▲ VD will inform CM how many entries he has had as at the closing date

- c) Name of the PPG. –SA said he wondered whether other patients actually understand what the PPG do as the name might not be ideal and asked for others’ views about this. Suggestions were made that a ‘Patient Focus Group’ or ‘Patient Access Group’ might better describe the group’s role.

▲ SA will look into feasibility of the group being renamed

- d) PPG Noticeboard –SA asked whose responsibility it was to keep the PPG noticeboard up to date and relevant. CM said that whilst she has taken on doing the minutes for the time being she hasn’t got the capacity to look after the noticeboard (other than simply displaying the latest minutes). CM suggested that ideally it ought to be maintained by the PPG. HR confirmed this too indicating that she used to oversee the noticeboard but cannot continue to do so. VD said he was happy to lead on a review of the information on display and to be responsible for the noticeboard in the future. SA said he is happy to assist with this. DS suggested having a PPG Group photo subject to there being enough people present at the next meeting. SA asked CM to seek views of everyone when circulating the minutes.

▲ CM re photos

e) PPG contact details VD confirmed that he is happy for his email address to be included within promotional information about the PPG as a point of contact for patients wishing to know more about the work of the group

8. Newsletter No-one from the PPG had come forward with any other topics which they wanted to be included within the March Newsletter so it was agreed that the main topics this time would be
- Opening times over Easter
 - New telephone numbers (main and prescriptions direct line)
 - Changes to prescription service
 - Friends and Family Test
 - Comment cards
 - Message from PPG Chair
 - Patient Online
 - Changes to the Clinical team
 - Spring Event and competition
 - Missed appointments/Did Not Attends (if there is space)
 - *Contact details for Practice and next edition –standard items*

The need to restrict the finished newsletter (and future editions) was acknowledged by everyone present. CM circulated the draft version to everyone at the meeting and explained that the layout would be done in newspaper style columns with graphics yet to be added.

▲ All PPG members to feedback to CM by Fri 20.3.15 at the latest (email versions of the draft were sent to everyone after the meeting for comments)

9. PPG action plans 2014-15

- a) Appointments –PPG were asked for feedback about appointments currently. The general consensus was that appointment availability is now much improved particularly now that patients can book with specific GPs up to 2 weeks ahead. MH commented that the appointment system is now brilliant as is the option to book some appointments online. CM said that as Dr Alizadeh is returning to the Practice this will help to boost the number of female GPs.
- b) Telephone system-per update from CM a new landline is being launched and a prescriptions direct line at the end of March. Lots of other changes are being made too which (once settled) should gradually improve the patient experience when ringing the Practice. PPG members said they were pleased that the 0844 number will no longer apply.
- c) Did Not Attend (DNA's) –CM explained that the anonymised DNA reports which had been ran needed to be broken down further. DNAs were agreed as one of the main topics next time. SA asked for the updated reports to be emailed to him once these are available. CM explained that high DNA levels were being targeted and instances where particular clinics typically have high DNA's are having a reminder phone call from reception staff the day before. Whilst this can be quite onerous on reception staff the benefits of doing this will be carefully monitored bearing in mind that lots of patients (who have consented to receiving SMS messages) already get SMS reminders of appointments despite which there are still lots of DNA's. CM also said that there is a disappointingly high number of

DNA'd same day urgent appointments which is surprising when these wont have been booked until the day.

- d) Publication of Improvements and Action Plan-CM informed the PPG that the deadline for publication of the achievements this past year is 31st March by which time a summary needs to be available on the Practice's website. CM said that last year's report 'Local Participation Report 2013/14' can be viewed on the site but it is understood that this year's format has changed slightly.
▲ CM and/or the Practice Manager Vicki will liaise with SA about this once the required format has been confirmed (bearing in mind that a very tight deadline applies).

10. Update from Practice staff –

Phones -CM had already sent a brief update out to PPG members as usual prior to the meeting (mainly about the landline numbers.

Surveys CM thanked PPG members for assisting with the completion of the annual patient surveys –which at the time of the meeting stood at 178 completed with 142 still to obtain. SA said that he had found it useful helping as it had provided an additional opportunity to chat to other patients and obtain feedback. CM said that the results of the survey need to be analysed by the survey provider and then returned to the Practice by 31st March for publication on the website too.

Patient feedback CM advised that the main themes emerging from recent patient feedback was about the improved appointment system; inconsiderate car park users and the request by some patients for a drinks machine and/or water dispenser to be available within the reception areas. CM asked for the views from PPG about that request. Everyone present unanimously agreed that it wasn't feasible to provide drink facilities for various reasons –the main one being that it could present slip hazards if drinks are spilled. CM confirmed that this was the conclusion which had been reached by the Practice Manager so it was helpful to know that the PPG were of the same opinion.

Changes to prescription services CM also outlined the proposed changes to the Practice's prescription service as outlined within the March draft newsletter. PPG members who were present commented that introduction of a prescription direct line prescription was a positive move as was the creation of a dedicated prescription desk. It was acknowledged that initially the slight reduction in collection/access times relating to prescriptions could be perceived by some patients as an unnecessary change. It was also acknowledged after discussion though that given the high uptake of the electronic prescription service; the large extent of repeats now ordered online and fact that the collection time for prescriptions has actually been brought forward by 6 hours should be recognised in time as positive changes overall. CM emphasised that another factor is that by having a direct line this should avoid prescription calls being banked up with 'appointment calls' so should help with the flow of calls and also reduce queues on the telephones and at the front desk. CM confirmed that as with any changes the impact will be carefully monitored. MH commented that she finds the EPS service wonderful so will certainly be pleased to help to promote the benefits. Some of the PPG commented that it has sometimes been hard to get through to someone in prescriptions so hope that the direct line will make this easier. CM

also pointed out that lots of Practices do not offer the facility to order any repeat prescriptions over the telephone at all but this isn't something which the Practice feels would be appropriate to withdraw however for various reasons it has become necessary to introduce the changes as discussed.

AOB

- a) Jayex screen -It was pointed out to CM that some of the wording on the Jayex board was way out of date (such as clinics are running late due to bad weather) and that sometimes the content contains spelling mistakes which creates a bad impression. CM advised that the whole content of the Jayex screens and display screens is under review and will be checked weekly from now on to avoid any stale or no longer valid info remaining on either screen. CM reminded everyone that there had been some long standing problems with updating information on the display screens which is currently being resolved.
- b) Surveys-SA said that some patients he had spoken to asked what was stopping Practice staff completing these as they are anonymous. HR/CM both said that it is a question of staff integrity which we have no reason to doubt and patients are asked to put their completed surveys into the envelope directly /then the box provided (which is only ever emptied by CM or the Practice Manager).
- c) Nature of the problem being asked SA also said that some patients had informed him that they weren't comfortable being asked brief details of the problem when requesting an appointment so SA asked why this was. HR explained that it was to enable the patient to be booked in with an appropriate person within the medical team bearing in mind that we have a full skill mix. CM emphasised that this isn't something the reception team are comfortable asking but they are required to do so for the reasons HR had explained and that whilst reception staff are obliged to ask each person the individual patient isn't obliged to say if they would prefer not to)which reception staff always make clear if patients query this. It was also mentioned that Dr Tew had also covered this topic at a previous meeting whilst emphasising the importance of conserving GP appointments (as appropriate)which is usually helped by asking the nature of the problem at the time of booking an appointment) to ensure that there remains appointments an adequate number of appointments available for patients who genuinely need to be seen by a GP.
- d) Website problem –SA asked if the Practice was aware that there were problems on the day (i.e. 17.3.15) in accessing the website. CM confirmed that this had only just been brought to her attention immediately before the meeting and the problem had already been reported to the website provider.
- e) PPG engagement events –SA expressed dismay that the last 2 engagement events which had been arranged by the CCG had been cancelled due to insufficient interest. He asked that CM or the Practice Manager raise this as a concern of the PPG at the monthly PLT or Locality meeting -and also that questions are asked how other Practices engage with truly representative groups to ensure that their respective PPGs are appropriately balanced.

▲ CM/VK

Everyone was thanked for their input. The meeting closed at 1.35pm

Date of next meeting: Thursday 14th May at 12.15pm
(The main agenda item will be the spring promotional event)