

## MERRIDALE PATIENT PARTICIPATION GROUP

Minutes of meeting held on 23<sup>rd</sup> January 2014

<b>Present</b>	<b>Apologies/Didn't attend</b>
John Brennand (Chair)	Jill Smith
Jay Champaneri (Secretary)	David Smith
Reverend Joseph Suray	Jan Butlin
Terry Parker	Raj Mann
Carl Porter	Viktoria Petrikaite
Vin Davda	Olga Dmochowska-Korzekwa
Angela Bailey	
Marilyn Draycott	
Marianne Hancock	
Alan Gledhill	
Helen Rhodes	
Dr Tew	
Cara Morgan	

*NB Action points are denoted by ▲*

John welcomed everyone to the meeting in his new capacity as Chair.

The minutes from the previous meeting were then agreed and any matters arising were discussed.

1. Update issued on 22.1.14 by Cara (i.e. before the *meeting copied in below for reference*)

- 3 further GP's have recently started at Merridale -2 x female GPs -Dr Lydia Walsh & Dr Karin Kadlecikova and another male GP-Dr Grera. This has further boosted our GP resources so this will now enable us to undertake a comprehensive review of our appointment system.
- New reception staff -Abbie, Hannah and Mandy have joined the reception team and are having ongoing training.
- Childrens play area -now finished and looking lovely
- Review of information on display in reception We have started a review of all of the leaflets/posters/notices/content of the display boards etc within the reception waiting area. We intend to introduce specific 'MMC' branded notices so it is clear which ones have been issued by the Practice. Views about this will be sought at the PPG meeting (if time allows). Once we have completed this initial review we will then focus on the range of information which needs to be available in other languages /formats too. The TV/media screens for the reception areas are still awaited.
- Music in reception -Having had some feedback on comment cards about the music which is audible in reception (if time allows) at the meeting on 23.1.14 we would like to seek the views of PPG members about the music generally (channels and volume)

- *Positive feedback has been received again over the period since our last meeting -particularly about our GPs generally and some patients have also remarked on some noticeable general improvements .This helps to emphasise that we genuinely encourage, value and fully consider all patient feedback (and take action if appropriate).*
- *Our 0844 telephone number We are due to have a meeting with the phone supplier to discuss our wish to move away from using an 0844 number completely -the aim being to link the telephone features /functionality with a new landline number to save patients having to use 0844 number at all when contacting the Practice*

## 2. Queries about above update

TV media screens -Some members asked the reason for the delay in the TV screens being installed. Dr Tew confirmed that these had been ordered some time ago and despite Vicki avidly chasing up delivery dates several times they still hadn't arrived so ▲ Vicki is going to follow this up further

Music in reception –Various comments were made by PPG members regarding the music which is audible in the reception area and adjoining corridors. It was acknowledged by everyone that the building is very 'echoey' so sound and voices carry very easily. The aim of playing of the music is to help to offer some privacy though it was recognised that if the volume is too loud it can be counter -productive if it then results in people having to talk louder above the music. Every PPG member who was present indicated that, as a trial (up until the next PPG member) they would like the channel to be changed to something softer and more soothing notwithstanding that the PPG enjoy different types of music –and it was also commented that it may be difficult to play music that matches everyone's personal tastes (and Merridale staff also work in the building and can hear the music throughout the whole of their working day so it is good to have pleasant music) .The consensus of the PPG at the meeting was that it would be worth switching channels to something more soothing and softer –ensuring that the volume is at an appropriate level for a trial period. ▲ Cara/Vicki will arrange for this from early February time. All patients who visit the Practice will have the option of leaving feedback by completing a comment card.

## 3. Appointment review

Dr Tew/Cara confirmed that an appointment review meeting had been scheduled for the end of the month after which required changes would be implemented as soon as practical and an information sheet would also be produced for patients so it is clear what options are available for booking appointments. Dr Tew said that there are various models used for appointment bookings across different Practices and some new initiatives in some rural areas (such as video conferencing). Telephone triaging is also being used to varying degrees. Dr Tew explained that everyone at Merridale is very keen to ensure that whatever changes are made help to improve the overall patient experience –taking into account feedback from patients and staff . ▲ It was agreed that an update would be issued to the PPG members when appropriate, after that review meeting has taken place. The drive to continue with

promotional campaigns to help patients to 'Choose Better' by ensuring that patients know the best options depending on whether they have a minor illness or medical emergency was also mentioned. 'Choose Better' leaflets are posters are readily available in the main reception areas and also on the Practice's website.

#### 4. GP funding

Dr Tew was asked to summarise as he had done at a previous meeting, some of the aspects relating to this topic. He explained that primary care funding is quite complicated and has lots of variations within it (consisting of a capitation /per patient fee and other elements). The capitation fee relates to the number of patients on the Practice list with some variations for deprived areas/elderly patients etc. Dr Tew said that the figure is calculated on historic data and past formulas and some Practices have twice the capitation fee compared to other Practices even within the same area which cannot be changed unless there is a new contract. He went on to say that Merridale's capitation fee is one of the lowest in the area and is in the bottom third overall and it is the lowest within the PMS Practices. Additional amounts are payable based around certain targets relating to the likes of chronic diseases e.g. diabetes/heart disease plus some other services relating to prevention and treatments. He said a number of changes are anticipated but overall the time and administration required to oversee these elements inevitably erodes away at GP time. A few questions then arose -Vin Davda asked whether the targets related to the results of tests or the actual number of tests undertaken. Dr Tew said it is mainly on the results but said again that it is quite an involved process. Discussion about preventative measures also occurred with Dr Tew quoting as one example the benefits of carrying out NHS Health checks for patients who aren't already known to have any chronic conditions as these help to identify potential problems. He also commented that lifestyle factors along with genetic and other aspects have some bearing on general health .

#### 5 .CQC inspection

Joseph recapped on what had been discussed about this important topic at the previous PPG meeting and re-iterated the overall surprise and disappointment about the contents of the report which did not seem to fairly represent the overall perceptions of patients or the good care provided to patients. It was commented again that the remarks in the report were disproportionate and often out of context despite Merridale having submitted a response and request for some of the anomalies to be re-worded. Despite this, the report, in its original format is in the public domain and may easily portray an unfair and imbalanced picture particularly as only 5 patients had been spoken to by the CQC inspectors. Joseph sought the views of the PPG members present as to whether everyone thought it was only right that a PPG response be sent to the CQC. The consensus was that this ought to be done to seek to re-dress the balance and correct some of the inaccuracies and/or wording which reflected very unfairly on Merridale Everyone within the PPG agreed

that it would be appropriate for ▲Joseph (in his former capacity for long standing Chair of the PPG) to send a letter to the CQC on behalf of the PPG as a whole, from the perspective of the PPG.

Joseph also commented that he had recently attended the Practice's Annual Quality Review (AQR) meeting with the CCG etc and he had been quite surprised at the grilling which Dr Tew, Dr Clarke, Vicki and Cara underwent during that meeting. He said it was good to note that during that meeting the Practice was praised highly for how well they care for their patients and for other things-including having an active PPG. He said that this emphasised to him the need to send a letter to the CQC.

## 6. Composition of the PPG and Terms of reference

John Brennand confirmed that at the moment the PPG had an adequate number of members so he is maintaining a 'reserve 'list' of any other patients who have already or may in the future contact him, expressing an interest in joining the group. The value of PPG members actually attending the bi-monthly meetings was discussed and acknowledged as worthwhile and vital for the continuing success and achievements of the Group. On that basis it was commented that it isn't necessarily appropriate to retain 'virtual members' as part of PPG as attendance at meetings is a crucial part of the process. It was decided that at the next meeting this subject along with the PPG Terms of Reference would need to be discussed and the Terms reviewed and refreshed. ▲On that basis this needs to be the main agenda item at the next meeting. The present Terms of Reference are viewable on the Practice's website but ▲Cara agreed to send a copy out to everyone before the next meeting. Helen distributed a booklet entitled "Growing patient participation –Getting Started" and suggested that it would be worth everyone having a read of that prior to the March PPG meeting. Some discussion then ensued about PPG's nationwide. John confirmed that there are currently 16 'actual PPG members' –it was agreed that the new Terms of Reference should perhaps include the 'maximum constitution' of the PPG and some mention of the need to attend a minimum number of meetings per year

## 7. A.O.B

a) John asked if it was still the intention to re-locate the self-check in screen. Cara explained that unfortunately this wasn't feasible to do but by splitting the reception desks so reception staff sit at opposite sides it has reduced the congestion near to the self -check in area.

b) Cara said that some patients had included a request on comment cards for reading material to be provided within main reception. Having now looked into any potential 'infection control' matters with regard to this it has been established that it is acceptable to provide magazines so long as they are new editions and replaced regularly. This is now being explored –some of the PPG said that some

organisations may supply these free of charge on a regular basis rather than relying on patients/staff to provide magazines which they have already read.

c) Cara explained that as part of the review of the reception display areas it is the intention to introduce some specific, Merridale branded formats for displaying Merridale notices so they are easily distinguishable from other posters etc. Cara showed the group 3 possible formats and asked for preferences. Everyone preferred the version which has a broad blue band around the notice with the Practice photo on the top. ▲ This will now be finalised as the Merridale standard notice

Date of next meeting

Thursday 20<sup>th</sup> March at 12.15pm

Everyone was thanked for their input -The meeting ended at 1.20pm

Cara 31.1.14