

MERRIDALE PATIENT PARTICIPATION GROUP		
Minutes of meeting held on 3rd February 2015		
PPG Members (Listed in alpha order by first names)		12 out of 15 present
1	Alan Gledhill (AG)	Present
2	Angela Bailey (AB)	Present
3	Carl Porter (CP)	Present
4	David Smith (DS)	Present
5	Jan Butlin (JB)	Apologies sent
6	Jay Champaneri (JC)	Present
7	Jill Smith (JS)	Present
8	Marianne Hancock (MH)	Present
9	Marilyn Draycott (MD)	Apologies sent
10	Olga-Dmochowska-Korzekwa (ODK)	Present
11	Raj Mann (RM)	Present
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)	Present
	Helen Rhodes (Nurse Practitioner)	Present
	Cara Morgan (Reception Manager)	Present

NB Action points are denoted by ▲

1. SA welcomed everyone to the meeting.
2. Apologies were then noted (per above)
3. Minutes from the last meeting were agreed.
4. Matters arising from the previous meeting were already agenda items for the meeting.
5. Review of PPG documentation
 - a. Terms of Reference (TOR) – There are currently 15 PPG members. The general consensus (after some discussion) was that the maximum number should be limited to 20 PPG members but 15 was ‘about right’ other than the wish to expand the group by having some under 30’s and a young mother join too. It was agreed, after some discussion that a minimum number of 5 PPG members (i.e. one third of the current PPG group) would need to be in attendance at PPG meetings to ensure that each meeting is viable to proceed. On that basis at the start of future meetings a “count of PPG attendees” would occur and be recorded in the minutes. CM said that current PPG membership numbers would be shown at the start of minutes from now on. Everyone acknowledged the importance for the PPG to consist of male/female members

from a mix of backgrounds. A preference for meeting dates to be scheduled for the rest of the year was expressed. Follow-up by CM contacting any PPG member who hasn't attended 3 consecutive meetings was agreed as necessary to establish whether the person concerned wishes to remain on the group – as an actual or virtual member (bearing in mind that there is at present a waiting list consisting of a few patients who would be keen to join). A few amendments were suggested to the draft TOR which were noted. Everyone was asked to email CM by Friday 13.2.15 with any further amendments. SA/CM would then finalise the TOR taking into account everyone's comments. A question arose about the procedure if the Chair or Secretary were to resign within the 2 year period as re-election would then need to occur. SA agreed to cover this point within the finalised version – with the option for everyone to email any further thoughts about this also by 13.2.15

▲ CM will show PPG count in future minutes

▲ PPG members to email CM any further comments re TOR by 13.2.15

▲ CM to contact VP – hasn't attended the last few meetings

▲ SA/CM to finalise the TOR

▲ SA/CM to schedule future meeting dates and send to the group

b. Terms and conditions (T&C's) for PPG members – Everyone agreed that it would be sensible to have T&C's for each member to sign and abide by and at no time would/should any patient identifiable information be mentioned at any PPG meetings. The need to keep references to the Data Protection Act within the T&Cs was agreed as essential. HR was asked about the history of the group and how the original TOR and T&C had arisen. HR explained that the Practice was one of the early Practices to create a PPG so it is now helpful and necessary to review and revise the original TOR which were drafted when the PPG was initially set up. Some minor amendments to the draft T&Cs were suggested which SA agreed to incorporate within the document which he/CM will finalise and circulate.

▲ PPG members to email CM any further comments re: T&C's by 13.2.15

▲ SA/CM will then finalise and circulate to the PPG

6. Ideas for recruiting younger members less than 30 years of age - Various ideas were put forward with a view to attracting younger members to join the group. These included :

a) SMS messages being sent from the Practice to a limited number of patients in the 18-30 age bracket to see if anyone may be interested in joining

b) Putting some information under the Latest News section of the Practice website (to supplement the information on this topic which had already been included in the Practice's January newsletter)

c) Putting something brief about this topic on the Jayex display board within reception

d) Possibly contacting local headmasters to see if they could encourage young people to join. A few expressed concern and reservations about this – doubting whether it was appropriate for 'under 18's' to be in a group.

After further discussion it was agreed that options a, b and c would be the best starting point for now

▲ CM agreed to progress those 3 options with colleagues and to feedback at the next meeting

▲ CM said she would also would try and find out more about Youth Councils who may be a point of reference and may also know about the rules relating to compositions of groups.

▲ PPG members said they would also see what they could find out about the pros/cons of contacting headmasters and also about young people joining groups generally.

Some PPG members commented that the fact that PPG meetings tend to be in the middle of the day during the week may be a barrier. It was agreed that one or two PPG meetings ought to occur early evening time instead. The option of having some meetings on a Saturday morning was also mentioned as an option which may be worth considering as a means of possibly attracting a wider mix within the PPG membership. SA asked for a report of patient demographical information (to include ethnicity and ages) to be available for the next meeting

▲ SA said he would aim to include 1 or 2 'early evening' meetings when scheduling future meeting dates

▲ CM agreed to bring a demographics report to the March meeting

7. Raising the profile of the PPG – SA asked if PPG members would be happy to have their names (even just first names) on the PPG noticeboard and possibly photos too so other patients could recognise them as active PPG members. No-one raised any objection to this. (PPG member's names are already included within the minutes of meetings that are displayed on that noticeboard). It was agreed that everyone should have a name badge (as TP has) with 'Merridale Medical Centre' – then their first name and then 'Patient Participation Group' underneath.

▲ CM to arrange for name badges to be provided.

SA then explained about a very active PPG group in Worthing who have managed to engage lots of patients on various activities such as Zumba classes, walking groups etc. CM confirmed that she had attended the same presentation by the Worthing PPG Chair and CM said that educational events may also be worth exploring around health related problems. It was acknowledged that Worthing is a totally different, country environment so some activities which may be suitable there might not be practical here. Everyone said that there are bound to be activities, educational events and other opportunities to help to raise the PPG profile and to engage more with other patients. Saturday mornings were agreed as a possible time to do this and/or to have PPG open mornings – possibly when the weather is milder. Holding a cake sale or coffee morning (for a good cause such as a charity or organisation which supports chronic conditions) was also suggested.

▲ SA agreed to provide the 'You Tube' link for PPG members to browse for discussion at the next meeting which shows the work in Worthing and is:

<https://www.youtube.com/watch?v=KtyAL8fSKSg>

8. Practice Newsletter – CM apologised for the delayed issue (and typing error on page 1) of the January 2015 Newsletter. Unfortunately it hadn't been feasible to issue this in time for Christmas 2014. CM confirmed that quarterly, much briefer newsletters would be issued from now on-the next one being due for issue in March, before Easter. Per CM the main topics which are likely to be included next time (bearing in mind that the newsletter should ideally only consist of 2 – no more than 4 pages maximum) are:

- Changes to the telephone system
- Did Not Attends
- Friends and Family Test
- The wish to have younger people join the PPG
- Self-check in (a bit more information than last time)

CM confirmed that the intention is to email the March draft to the PPG prior to the next meeting so the content can be finalised at the actual meeting

▲ Members agreed to let CM know by the end of February of any additional topics that they consider as important to include.

9. PPG Action Plans 2014-2015 –

Appointments – Everyone confirmed that following recent reviews, in general, appointment options had been improved which had helped with the availability of appointments so at the current time no one at the meeting indicated that there was any particular aspect of appointments which needed attention.

Telephones - CM confirmed that the focus on telephones is coming to fruition which should help to improve the patient experience – the main changes being the introduction of a land line number w.e.f. Monday 2nd March (details of which will be actively promoted nearer the time) and the introduction (on a trial basis) of a direct line for prescription requests at certain times of the day.

Did Not Attend (DNA) Review - SA circulated a graph of the weekly DNA figures during 2014 which indicated that 3948 appointments had been missed – which averaged out at 75.9 per week with a marked increase in the last 6 months. It was suggested that the increase in the number of pre-bookable appointments maybe a factor. CM commented that this is despite the fact that SMS reminders of appointments are sent to patients who have consented to receiving SMS messages (not having up-to-date mobile telephone numbers hinders this and the reception team put a lot of time and effort into ensuring that the Practice holds up-to-date contact details by asking patients to verify their telephone numbers). SA said that he is keen to work with the Practice (in conjunction with other PPG members) on the DNA's and look further into the anonymised data to identify trends and key factors. He said that he anticipates that there will be a few 'frequent DNA offenders' who routinely fail to attend appointments. CM confirmed that this tends to be the case and said that it may entail certain Practice staff ringing patients who frequently miss appointments. DNA's was confirmed as a very important topic to focus on as it impacts on appointment availability for every patient. It was also commented that a surprising number of patients fail to attend 'same day' appointments booked as an urgent appointment on the day. A few attendees at the meeting asked what % of appointments are DNA'd.

▲ CM said that she can bring % figures to the next meeting as DNA reports are available in various formats.

10. Update from CM/Other Practice staff - SA thanked CM for sending an update to the PPG members on 30.1.15 copied in below in italics merely for reference

- *A new GP (Dr Griffiths) will be starting here next month*
- *On 9th February a community nurse (Lindsey Palmer) will be joining the Practice in the role of 'Admission Avoidance Practitioner' – more will be explained at the meeting*

- *Dr Kadlecikova (who has been here as a long term locum for a while) is leaving today. We all wish her well*
- *Appointments – A few additional tweaks have been made which has further improved appointment availability and increased the range of pre-bookable appointments*
- *We now have a new team leader (Lynne) who started here earlier this month. Lynne has worked closely in the past with people with hearing impairments and is qualified in British Sign Language*
- *Improvements to our telephone system are well underway along with the introduction of a local number wef 2nd March (which will replace our 0844 number). Input from PPG members will be sought at the meeting about further changes that we are considering to help to further improve the patient experience when telephoning the Practice.*

11. Any other business -

- ODK said that she had noticed queues quite often at the front desk. CM confirmed that queues do occur at busy times and the reception team's working patterns align with peak times. Reluctance to use self-check in screens can be a factor hence why we aim to promote whenever possible and reception staff also 'queue bust' by encouraging patients in the queue to check-in and also assigning a third person on the front desk when possible. Prescription queries are also no longer dealt with by reception staff which has helped to reduce queue levels as a member of the prescriptions team is asked to attend to any such queries to free reception staff up to deal with appointment requests and other queries. CM also said that the introduction of the landline number is likely to have a positive impact on queuing levels at the front desk once patients begin to have more faith in the telephone system and ease of getting through (another factor is that queuing levels on the phones will be able to be monitored at Practice level unlike currently)
- RM asked for clarity about the EPS service – RT explained about this option for patients to nominate a pharmacy of their choice for prescriptions (once requested) to be sent through to electronically.
- CP mentioned a problem he had encountered regarding his own prescriptions which RT covered – SA asked that in the future any such issues specific to an individual should be raised separately outside of PPG meetings
- AG asked whether the initial problems with the introduction of a new email address for prescriptions had now been resolved – CM confirmed that this was the case and apologised for any interruption in the normal standard of service
- CP asked whether the new GP Dr Griffiths was male – this was confirmed
- RM asked for the EPS process to be explained further at the next meeting. This was agreed as an agenda item again next time (as it was last covered in Oct 14)
- CM advised the PPG members of the following points:
 - There are ongoing problems with the 2 x TV display screens within the waiting areas which have been reported. Currently very out-dated information is displayed on those screens despite various updates that aren't visible due to the present faults. CM asked everyone to bear this in mind and please explain to others if queried

- Some of the information on certain pages of the Practice's website are due to be updated shortly as the Latest News section as one example still contains information which is now out of date.
- There are various other changes being made to the phone system which will be summarised in the next Newsletter. CM is happy to explain these to the PPG members in the meantime if requested
- Improving Practice questionnaires – CM explained about these and asked whether any PPG members would be willing to assist by spending some time in the reception waiting area (ideally the w/c 16.2.15) helping to hand these out and encouraging patients to complete these after their appointment. 6 PPG members (TP, JS, JC, RM, VD, SA) kindly agreed to help and said they would ring CM directly beforehand to confirm when they would be able to help out with these. CM also explained that the questionnaires relate to various aspects about the Practice including quality of care and treatment. The Practice has been provided with 505 questionnaires (455 in English 50 in Polish). Based on the Practice's list size a minimum of 320 questionnaires need to be completed by patients who are over 16 years of age. They need to be completed anonymously. Once completed, the forms need to be placed by the patient in an envelope (provided) which then needs placing directly into the designated box (in reception). The forms have to be completed AFTER not before an appointment. All of the forms are then sent for independent analysis and results are sent back to the Practice Manager within 10 working days.
 - ▲ The PPG members who have agreed to help simply need to
 - Contact CM to confirm when is convenient to help (CM doesn't work on Mondays)
 - Call in on the agreed day
 - Obtain blank forms, envelopes from CM
 - Liaise with patients in the waiting area by asking and encouraging them to complete a questionnaire anonymously (after they have been seen) then place the completed form in the envelope provided which then needs to be placed into the box supplied for this purpose. Ideally help is needed with these please during the w/c 16.2.15 or at the latest by 25.2.15

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

Date of next meeting: Tuesday 17th March at 12.15pm (The main agenda item will be the March Practice Newsletter)