

Patient Participation Group Meeting – 25th February 2015 6:30pm

Attendees: Tracey Nyilas, Claire Hamill, Graham Deaves, Ruth Norman, Keith Meluish and Mary Lavelle

Apologies: Barbara Betts, Visu Suppiah and Barbara Maun

Minutes: Claire Hamill

1. Minutes from Previous Meeting

GD mentioned an error in the previous minutes. GD stated 'some' seating in the waiting room was too low. He also discussed whether we could put some posters up in and around reception, stating certain seating is for the less agile. This was agreed to be done.

All other attendees were in agreement with the minutes from the previous meeting.

2. Terms of reference

GD believes the statement within the terms of reference, '**bringing a sense of ownership to staff and patients**', is a rather large statement to make and is not entirely sure how, as a group, they can make this happen.

KM said that the patients were given over a months notice about the previous meeting and posters were all around the surgery, and still the attendance was low. He wasn't sure what they can do to increase the attendance. He was concerned that the attendees could only voice views based on their own personal opinions, which may not be the opinions of the other patients and as he doesn't attend the surgery on a regular basis may not be able to highlight issues in and around the surgery. TN reassured the group that individual views can still help other patients as they may also be having the same issues etc.

RN queried the Family and Friend's Test that we are currently doing, TN informed the group that this is a questionnaire like card, which asks patients how likely it would be for them to recommend the surgery to family and friends and gives them space to write their own reasoning. TN also informed the group this is an ongoing part of our contract. RN felt that this information could be used to gather the opinion of patients within the surgery who are more likely to attend on a regular basis. All agreed this was definitely worth looking into.

ML proposed a suggestion/comment box for patients, who can suggest or feedback to the surgery anonymously. There could be a box, with small comment cards and pens and they could either complete whilst waiting in the surgery or could take home to complete. All agreed this information would be worthwhile. RN discussed that her workplace done this and after awhile patients started to leave comments. KM suggested that the comments could also be left electronically i.e. SystmOne Online; maybe a questionnaire could be placed on there to enable patients to communicate with the surgery. The group agreed this was something the surgery should offer for the computer literate patients.

RN wondered whether the surgery still send out a lot of letters regarding results etc or whether the surgery were fully using the SMS service. TN confirmed the surgery is still sending a lot of letters. RN suggested that the survey could be attached to these letters which are going to patients anyway or could be printed on the back of the letters. KM also suggested that on the back of the letter could be a line saying 'Or you can complete this online at www.wheatfieldsurgery.co.uk' to give the patients the option.

TN asked the group what their views were of the Terms of Reference, she said they could always be amended if the group felt that changes were needed. The group queried the Terms of reference, as it mentioned a GP partner would be attending, TN is working on this and will have a GP attending the meeting's, ideally the same GP. GD feels this is vital for the group, as the GP's can communicate directly with the PPG and discuss what they would like the group to do etc.

KM believes that 3 monthly meetings are too far apart and anything agreed or to be done would be impossible to complete because communication non-existent therefore nothing will get done. He suggested 6 weekly meetings. TN agreed this would be fine.

3. Chairperson

TN raised the concern that someone needs to be chairperson for the group as she couldn't be chairperson because this would be a conflict of interest. KM said he wouldn't mind being chairperson if no-one else wanted to be chairperson. GD said he had many years of experience in committee groups however felt he was too new to the group to make a decision yet. KM mentioned this could be something that could be agreed at a later date.

4. Aims and Objectives

The group discussed their initial aims and objectives.

- To get more patients to join the PPG
- To have a wider variety in demographics

Based on these two aims alone, the group came up with some ideas based on targeting patients. They felt the surgery could target asthma/diabetic/warfarin clinics as well as baby immunisation clinics to access the patients who attend the surgery more regularly and parents of babies to be able to gain their views.

The group also discussed what they want the group to achieve.

- Mr Deaves would like to address the issues raised, that over 40 million more visits to a GP a year were directly caused by changes made by the government around medications.
- PPG mentioned various conversations were had regarding employing a Grade 7 nurse to help with the workload.

5. Privacy at Reception

KM raised his concerns about the lack of privacy at reception. He felt no-one could speak to a receptionist privately and everyone ends up knowing their own business. He also mentioned the echoing from around the reception area so almost everyone can hear the conversations at reception. CH informed the group that we are currently handing out leaflets and advising patients to register with SystmOne Online and Electronic Prescription Service, as the surgery felt this would free the telephones up and cut down the queue if patients weren't arriving to collect prescriptions.

6. PPG Annual Report

TN informed the group that the surgery has to complete an annual report based on the PPG and given her new post wonders if the group could mention the things they have been focusing on.

- Prescription box in the foyer – which has now been done
- Privacy in the reception area was always an issue raised
- Recruiting a wider variety of demographic patients
- Promoting health – World Aids Day
- Access/Telephones – the queuing system has been introduced so you know where you are in the queue now.
- GP attendance – Dr Archdeacon and then Dr Singh used to attend meetings – TN is working on this
- Parking – the group had contact with Luton Borough Council to suggest getting yellow lines put along the roads outside the surgery, as at busy times both sides of the road become heavily congested which is difficult for flowing traffic.
- There was also discussions about having a car park to the back of the surgery which proved to be too expensive
- Disabled bays were introduced but there has been an issue with non-disabled patients parking in this slot. TN suggested getting a wall sign so this cannot be missed.
- The group also suggested having the touch screen repositioned because patients were missing the screen because it was hidden by a queue of people.

7. AOB

- GD felt that when s a receptionist was free at reception it wasn't always clear.
- It was also mentioned that patients would find it handy to know where they were in a queue. TN mentioned she was aware surgeries had a screen saying how many patients were in front of them and may be something we could look at in the future.
- CQC – TN discussed the CQC booklet she emailed the group and wondered what their thoughts were. TN informed the group we were given January – March as they would be visiting Bedfordshire during this period. KM mentioned that he read the PPG would need to be involved and would be interviewed.