

MINUTES OF PATIENT GROUP MEETING - 23 NOVEMBER 2016

Present – Nigel Hallam (Chair), Barry Wood, Victor Hall, Lesley Hall, Rosita Dowdall, Gail Davey, Richard Davey, Pauline Briggs, Caroline Briggs, Adam Tooley, Jane Wharton

Apologies – John Flinders

1. Welcome and introductions

Nigel welcomed a new member, namely Pauline Briggs to the meeting.

2. Minutes of last meetings were reviewed.

3. Matters arising from the Park Surgery PPG minutes

Jane indicated the patient information screen mentioned in the previous minutes was installed on Tuesday. Currently it has basic patient information on it, but we are able to download much more content and may put our own information onto it. It will also be used to call patients into consulting rooms in future and had tried it out the previous day. Rosita had attended the surgery and was impressed with this. She felt it was a much better way to call in patients. Jane reported that sound can be enabled so that patients can also hear their name, but she had been told that the names are not always very clear. The tannoy will continue to be used for patients with visual impairments. She explained that alerts are used on screen to identify relevant patients and prompt staff of their needs. The group felt it important to alert patients of the new screen so that they know to look out for their name. Jane felt that notices are not always useful because patients do not read them. Staff have been asked to inform patients of the new system. **Action Point: Jane**

4. Matters arising from Joint PPG Meeting

Actions to set up future meetings are complete. The next joint meeting will be held on 18 January 2017. Brooklyn and Kelvingrove have been informed. Helen Aldridge from the Alzheimer's Society will be attending to talk about Dementia Friends and to carry out some training. It is expected that she will take approximately 45 minutes followed by questions. Nigel felt that we would not require an additional speaker and asked if Members would be happy for staff "Dementia Champions" from each practice could be invited. Members agreed with both suggestions. **Action Point Jane**

5. Update on CQC Inspection

Nigel informed the group of his telephone interview as Chair of the PPG with CQC in advance of their visit to the Practice in October. The interview focussed on his views and those of the PPG on the Practice's involvement with the Group. He spent 15-20 minutes talking to them about the meetings, collaborative working, surveys, etc and also sent over evidence in the form of past minutes and surveys reports/action plans.

Jane updated the group on the visit itself. She explained that a team of three attended the Practice. They had been given a lot of information in advance of the visit. One of the group spoke to the GPs, another spoke to the Nurses and Practice Manager and went through all of the paperwork and evidence that had been made available and the other spoke to patients and

staff. Jane felt that it had been a positive experience. All of the staff came together and supported one another through the process. The feedback received at the end of the day was positive, but we have to wait for the Report and Rating (up to 50 days from the visit). It was agreed that PPG members would be notified once the CQC Report and Rating had been received. **Action Point: Nigel and Jane**

6. Update on Heanor Hospital

Nigel has been invited to attend a turf cutting ceremony on 1st December. He does not have a lot of detail except to wear sensible shoes and that he will be provided with a hard hat. He had stressed the need to invite the Chairs of the other Heanor PPG groups. Jane reported that the GPs have now been invited, but she was not sure who (if anyone) would be attending.

7. To receive and consider Survey Report (17 October 2016)

It became apparent early in the survey week that we were not necessarily capturing the feedback of patients who had gone through triage, many of whom were dealt with over the telephone. Many patients being interviewed had not accessed the triage as they had been given appointments in the first instance. Jane explained that the triage system had evolved since first discussed and in retrospect the survey was not as relevant as it could be. Nigel had, therefore, suggested that a sample of patients (approximately 30) were telephoned and interviewed by Practice staff. This was carried out and those Questionnaires were included in the final Report.

Jane reported that as she had been away on holiday the survey had not yet been discussed within the Practice. She will discuss the survey and the Patient Group feedback with the GPs at the earliest convenience.

Rosita reported back that she had found it more profitable than the last survey. Patients had a different attitude. They were more understanding and felt that systems were working better. She congratulated the Practice for acting upon the previous survey and putting plans into action.

Gail agreed with Rosita. Although she reported that lots of patients had not used the triage, those who did were full of praise. Also the receptionists were praised almost without exception. Lesley and Vic received a few moans about patients not being able to get through on the telephone and the time taken for the GPs to call them back. A few were not happy to give medical information to the receptionist, but Jane reassured the group that only basic information was required to enable staff to prioritise urgent calls. If a patient specified that their matter was urgent without giving medical information that would be sufficient. Some patients are ringing for medical certificates or prescriptions that can be left until after the other calls. It was reported that young mothers in particular find the system helpful.

Barry felt that it would be helpful for patients to be given an idea on how long they will have to wait to be called back. This can be difficult as doctors continue to call patients back after surgery hours on particularly busy days. It is hard to estimate when prioritising calls and also seeing relevant patients.

Jane reassured the members that we will continue to work on the system and we recognise that we still need to make some improvements. The survey will help greatly with this. A full Practice meeting will be held to discuss further and Jane will feedback.

Nigel spoke about the numbers of forms received. We had quite a lot less than previous surveys. This may be due to a reduction in patients attending the practice as more are being dealt with over the telephone, but there were also fewer hours provided by members to undertake the survey. A couple of members missed their sessions without notice and there was one session less than previously due to an education afternoon. It could also be due to the time of year as previous surveys had taken place in the month of January.

In hindsight the numbers of individual comments received was substantial (originally 9 pages long) and very difficult to collate. It was felt that future Questionnaires should be designed to avoid a repetition of this problem.

Nigel reported that the analysis was difficult due to fewer responses to some questions. The male/female, age, ethnicity split was interesting. Of the 33 patients surveyed over the telephone who had recently experienced the triage 31 out of 33 were happy with the system.

Action Points– Go live with survey on website/notice board, etc. Jane will put together an action plan with the GPs and send this to Nigel and this would be considered on 18th January 2017.

8. Items from members/Chair

Although not usually receiving much correspondence from the CCG in his capacity as Chair Nigel has received two letters from them recently. The first is with regard to the new minor injuries spec and he asked for Practice feedback. Jane reported that we have only just received this ourselves and it has not been discussed within the Practice yet. However, she explained that there are two levels of minor injury and we have to sign up to both of them to enable us to provide and be paid for the service. Some of the lower spec work is already being done on an ad hoc basis, but it is likely that we would have to develop the service to enable us to provide the higher spec work. We may or may not have the facilities or staff to enable us to do this. There were concerns from the group about the minor injury services already in our area and whether they would continue. They have already been scaled back. Jane will feedback once the matter has been discussed in Practice.

The second letter received was in regard to Joined Up Care Derbyshire. As part of the NHS Sustainability and Transformation Plan (STP) priorities have been outlined within our CCG. The idea is for everyone to work better together to improve health. Nigel read out the list of priorities and informed members that there is a link to the full document. There will, however, be a short version made available asap.

9. Items from Practice Manager

Nothing else to report.

10. Items from Dr Tooley

None.

11. Date and time of next meeting

Joint PPG meeting 18.1.2017. Rosita offered to bring Pauline along.

Lesley and Vic made their apologies as they have another meeting to attend at Derby.

12. Close

The meeting closed at 8 pm.