

## **TADLEY PATIENT PARTICIPATION GROUP**

### **Minutes of a meeting held on Wednesday 24<sup>th</sup> September in the Conference room at Holmwood Surgery at 6:45 p.m.**

Attended by: Paul Woodgate (Chair), Hayley Bone, Dr Annie Hogan, Heidi Williams, Val Turnbull, Matthew Burden, Lorraine Burden, Claire Chambers, Alan Chambers, Gill Tomkins, Peter Parsons, John Davis, Graham Wright, Kate Wright/Hebden and Hazel Metcalfe

#### **1. Apologies**

Apologies were received from Dr Newman and Alison Jenner.

#### **2. Minutes of the meeting held on 11/08/14**

The minutes were agreed as a true record.

#### **3. Matters arising**

- PW felt the NHCCG meeting he attended in August had been more worthwhile than he had anticipated
- Membership of the National Association of PPGs has been applied for and the £60 joining fee was paid by the practice last week. HW will confirm this.

#### **4. Survey results and Practice proposals re the DNA problem**

HB had collated the answers provided by the 170 patients interviewed in w/c 28/07 by herself and HM (covering for KW). In response to a query as to the validity of the results from PP who pointed out that insufficient demographic data was included in the results HB and HM explained that:

- Patients were those attending for appointments on the given days at Morland and Holmwood surgeries
- Interviews were carried out during morning, afternoon and evening surgeries
- Interviews frequently included a (promotional) description of the role of the PPG
- The overall response was positive. Demographic information was collected and will be included in the final report

In general the committee felt the survey fulfilled the initial aim as a starting point for the new PPG committee and HW confirmed it provided sufficient information for this year's annual practice report. Some immediate outcomes were reported by HB and HW:-

Survey comments	Action	Status
Blood pressure machines too low	Adjustable chairs have been ordered	Undertaken By HW
Mother enquiry as to whether breast-feeding is allowed	Practice response is that this has always been supported but further actions to be a sticker in the reception window and a separate room set aside	Undertaken by Practice
On-line repeat prescriptions to be available for children	Dr Hogan explained that this is complicated by the issue of whether parents should have access to their children's records	Dr Hogan seeking clarification
Parking	The committee (and most patients) felt that the lack of additional space would make this a challenge. Encouraging patients to walk when possible.	Practice is creating more spaces at Morland
Appointments	New triage system working well at Morland. Computer system update has delayed full implementation.	Triage system to be trialled at Holmwood from November

### **Points for the PPG to focus on this year.**

The three areas for the PPG to work on this year, agreed after discussion, will be (1) appointments and (2) DNAs which are recurring issues for patients and staff, together with (3) communication which, it is felt, may also be a factor in the first two.

#### **Appointments**

The committee will monitor the new scheme and consider further ideas when this is embedded.

#### **DNAs**

The Practice has a new system for text reminders for appointments with a facility to cancel them which is proving very successful. A discussion was held over the negative effects of publishing DNA numbers and suggestions made to turn this around by thanking those people who managed to cancel. This would work alongside publishing the details of how to cancel more widely. A solution is being sought for those patients without a mobile phone but there are data protection issues around leaving messages on home phones.

This is an ongoing problem which needs to be managed.

## **Communication**

Points from the survey suggest that communication areas that the patients feel need addressing are:

- Prescribing
- Patient engagement
- Communication to and from patients

The dispensary/pharmacy difficulties of recent months are proving annoying for patients and were outlined by KW and agreed by others. Dr Hogan explained that these have become increased since the computer upgrade when stock codes had to be entered manually which is time-consuming. As the pharmacies are situated within each surgery building, patients feel they are part of the Practice which is not the case. Communicating the organisation structure to patients could be part of the PPG targets this year.

Note: Repeat prescriptions are now available on EMIS for the use of Emergency Doctors

HW suggested that the role of some staff, e.g. Health visitors and nurses, could be publicised as many patients are unclear as to what they can be expected to do.

Data protection is another area to tackle. If a patient gives their email or mobile number to the Practice it becomes part of their medical records as part of the NHS 'Spine'. The Practice will not be able to guarantee that the NHS will not use this information for purposes such as health campaigns in the future. Patients need to be made aware of this structure.

As a first step the committee considered surveying staff to gain their perspective on communication. HW will talk to the two Reception managers proposing that they meet with two committee members to give their views and their (perceived) patient views in a non-judgemental conversation. Committee experience shows that reception staff can be less than helpful and HW said patients can be incredibly rude if they think the receptionist is preventing them from seeing the doctor.

In response to a question about training Dr Hogan replied that Induction training is given to receptionists but she will check whether they receive regular 'top-up' training as doctors do.

### **5. Report on a meeting held by the Chairman with the Practice doctors**

PW felt this to be a positive meeting with doctors considering the recent PPG survey to be a useful piece of work. Since his allotted agenda slot overran by 30 minutes on this issue other matters had to be postponed.

## **6 Introduction of friends and family test**

HW explained that from 1/11/14, all practices in England will be required to administer this test after each contact with a patient. It involves scoring the contact by asking how likely the completer is to recommend the practice to others. This has been happening at the NHH for the last year so will be familiar to some patients. Results will be reported locally and to the NHS on a monthly basis. At present there are no targets for results but the test is likely to promote competition between practices.

A summary of various points made in discussion is:

- Frequent repetition of the tests will reduce validity as patients become disinterested
- Patients who have multiple appoints could skew the figures either way
- Patients who do not have a qualifying appointment will not be asked for their opinion but may have a relevant view.
- The test appears pointless but the results will make a difference to the practice so communication with patients will be important as negative comments based on experiences outside the practice remit, such as the efficiency of the pharmacies, could impact on the practice.

## **7. Practice plans for allowing patients on-line access to their clinical records.**

HW explained that this is already possible through the website for allergies, immunisations and prescriptions. This was new information to many committee members. It is possible to update this information, e.g. if you have had a flu vaccination via occupational health by informing the practice.

## **8. Report on NHCCG PPG**

Members were encouraged to refer to the minutes which had been issued in advance of tonight's meeting.

PW was unable to answer the query regarding poor attendance by many local surgeries but HW said that anecdotally it is felt that after a dip in attendance it is rising again.

The ideas generated by the three groups were taken away for consideration by the next meeting.

The decision to reinstate local Community Health Teams was welcomed by HW and others.

PW feels membership of the National Association of PPGs will help inform the contribution we can take to the NHPPG meeting.

## **9. NHCCG AGM**

PW had attended this despite short notice being given. HW will forward to committee members the NHCCG website details as information of the presentations will be on this.

## **10. POSTER**

MB has been working on a poster containing local information on teen health and groups for young people which would be displayed wherever young people are likely to access it. Currently some websites are unavailable so the work has been delayed. The item will be moved to the agenda of the next meeting.

## **A.O.B.**

- There is felt to be sufficient information for a PPG newsletter which will be written by PW and HB. Contributions are welcome from others - please email them directly to PW. Dr Hogan and HW described their wish for a Practice newsletter and it was decided that at a later stage the two newsletters might be combined. They will be available in electronic and as hard copies distributed widely through the community. It was felt getting the length right and included some humour would be key points in the success of this project.
- The NHS requires help in shaping IVF treatment for the future. A survey re NICE wanting to change the guidelines is available and will be emailed to all patients by HW.
- A sub-committee to work on the third of the PPG aims - of improving communication will be set up, chaired by PW, and some members volunteered for this.
- HB requested that the Teen Health Strategy be an agenda item at the next meeting. Information may be found at <http://Hantsweb-staging.hants.gov.uk/autism-consultation>
- A group photo of the committee will be taken at the end of this meeting
- Doctor's photos will be on the website in future.

The Chairman thanked members for attending and closed the meeting at 8.10 p.m.

H Metcalfe

27/09/14