

MINUTES OF PATIENT PARTICIPATION GROUP MEETING

Date of Meeting	Monday 24 th November 2014
Time of Meeting	6:15 pm
Place of Meeting	De Montfort Surgery
Chair & Minutes	Claire Deare Business Manager

Welcome and introductions

There were five members of the group present at the meeting, along with the practice's recently appointed business manager, Claire Deare. Apologies were received from another member. Claire explained a rep from the De Montfort University Student Union had indicated they planned to attend the meeting, however, they did not come.

Introduction to new business manager

Claire joined the practice in June, taking over from previous business manager Fran Duggan. Before working at De Montfort Surgery, she had run a GP practice in Oadby for eight years, so has experience of running a GP practice.

She explained that she had joined after Fran left the team, and hadn't had a direct 'handover' of responsibilities, as she's been on a long notice period. She had noted in her preparation for the meeting that in the terms of reference the group had agreed to meet every two months.

She apologised that there had been no meetings between March and now- this was the soonest she had been able to organise the session due to other commitments. Members present accepted the apology.

It was agreed that going forward Claire would organise meetings every two months, and chair them. There was a discussion as to whether a member of the group might take the role of chair, but it was felt this was not necessary at the moment. Claire is happy to do this.

It was agreed to keep the frequency at a two month interval, unless there is a pressing issue that warrants more frequent discussion.

Members present explained how the group had been formed, and talked about some of its successes, e.g. reducing the 'Did Not Attend' rate, and getting the artwork that is displayed around the surgery.

Friends and Family test (FFT)

Claire explained that from 1 December 2014 all practices have to participate in the national 'Friends and Family' test. She talked through the information she had sent out prior to the meeting (See Appendix at end of this document for fuller details).

She proposed that the group use this source of feedback, along with the practice's learning from complaints and suggestions, to measure patient satisfaction levels, and seek patient involvement in decisions about the range, shape and quality provided by the practice. She suggested that she compile for each meeting a summary of Friends and Family Test results, along with the national GP Patient Survey results, complaints and suggestions received.

Some members of the group expressed reservations about how the response would be actioned. One member said they had completed it at one of the hospitals, and had no response at all.

Claire said that she was responsible for involving and consulting patients, and she would take responsibility for ensuring feedback was acted upon, because she would be bringing it to the group to agree the practice's action plans. She really felt that the FFT would be a good ongoing measure of satisfaction levels, because it was quick and simple.

She showed the group the survey postcards that would be available in the waiting room. She also said that patients would be sent a text message after attending the practice, with a link to the practice website where they could complete the feedback online. They can opt out of having the comments published.

One member expressed concerns the practice would not have the resources to do this. Claire reflected that the workload of collating the results would be spread across the year, rather than focused into one month of activity. She was aware, from Fran's minutes and from her own experience with the PPG at her previous practice, that it is really hard to get a good response rate from the survey. She was really hopeful that the short, punchy nature of the FFT would get a better uptake.

Because of the way it is worded, patients completing it can give the reasons why they would choose to recommend the practice or not- they are setting the agenda, rather than answering a long survey based on the practice's priorities.

She said she did not have enough resource to do the FFT and another local survey, and that the FFT had to happen because the government has written it into the GP contract.

It was agreed to trial it for three months to see if there are sufficient number of responses for the PPG to be supportive of it being a representative exercise. Claire will provide a summary of responses prior to the next meeting.

Care Quality Commission (CQC)

Claire said the had published its Intelligence Monitoring reports on its website (<http://www.cqc.org.uk/sites/default/files/1-544365755%20GP%20IM%20V101.pdf>). This had caused headlines in the Daily Mail and the Leicester Mercury. There was some confusion as to what the levels of risk were.

Claire explained that the CQC has to prioritise which practices it inspects sooner rather than later, and they have used 38 indicators taken from the Quality of Outcomes Framework (a voluntary scheme in which GPs undertake to manage long term conditions in return for additional levels of funding), and the national GP Patient Survey. They rank risk levels based on difference from the expected score, which is usually defined as the national average.

They have used this data to categorise practices into six priority bands for inspection, Band 1 being the highest priority and Band 6 being the lowest.

On the basis of the data used, they have determined that De Montfort Surgery is a Band 1 (highest) priority. We spent some time looking at the report.

It highlights four 'risks' out of the 38 indicators. Two are because we have lower than expected prevalence of Chronic Obstructive Pulmonary Disease and Chronic Heart Disease. It is likely this is because around half of our patients are university students aged 18-24, and both those diseases develop later in life. The other two are because we are recorded as having a low uptake for cervical cytology screening, and influenza immunisation compared to national expectations.

Claire explained we have a register of women eligible for cervical screening. 39% of those women have no record of having had a smear test in the last 5 years. She had looked into this with one of the practice nurses, and we are currently reviewing our protocol to see if there are any steps we, as a practice, can take, to improve the uptake statistics. While it is likely some are women recently moved to the UK from overseas (the register only records smears performed in the UK), we cannot assume this is the root cause and need to investigate further.

She also said we had invited all patients eligible for a flu immunisation this year, as we had done the previous year, and opened on a Saturday morning to make more appointments available.

It is likely the CQC may want to interview members of the PPG when they do come and inspect the practice.

Any other business

Student reps

One of the attendees asked what had happened to the student volunteers. Claire had understood any students who had been in the PPG last year had left the practice, so practice staff had told her. It was explained that a number of Student Volunteers had been identified, and that one of the PPG had kindly participated in the interview and selection process. Their role had been to talk to students waiting in the waiting room about the online services and the role of the PPG.

Claire explained she had not been aware of this and agreed to look into it. She also explained she had invited a member of the Student Union to come along, and had been told they would attend.

Getting an appointment

One of the group had been a little frustrated at not being able to pre-book an appointment. Claire explained that the practice had recently changed the release criteria for online appointments- they will be released a week beforehand, and two slots in each doctor's surgery release at 4pm the day before.

The member had not got her password, but has now obtained it. Claire did acknowledge the challenges of getting the appointment system right. She said she had conducted a brainstorming meeting with all the practice team (doctors, nurses and receptionists) to look at potential improvements to the system. She had made some changes, and the team had lots of ideas for further improvements, but that changes need to happen one at a time, or we can't assess which one is effective.

Thanks and close

Claire thanked everyone for their attendance and input, which are so greatly appreciated.

Date of next meeting

Monday 19th January at 6:15 pm.

Review of survey action plan (from March 2014)

See next page

Action	Owner	Timescale	Progress report
Continue to promote and develop the role of the PPG	Business manager	Throughout the year	Initial meeting new business manager November
Continue to actively promote online services	Business manager	Next 6-9 months (December 2014-March 2015)	All new students given business cards with info on Tweaked appointment booking to make online appts bookable from 4 pm the day before We will audit any increase in uptake in December
Ensure survey is reviewed again next year <ul style="list-style-type: none"> Aim to increase number of responses 	Business manager	December 2014	Move to Friends & Family test <ul style="list-style-type: none"> Shorter More immediate
Communication <ul style="list-style-type: none"> Ensure front line staff are able to give information about how to access services 	Business manager	December 2014	Whole team was involved in an appointments review meeting in September 2014
Communication <ul style="list-style-type: none"> Improve display of information in waiting room 	Business manager	December 2014	Displays are updated monthly
Communication <ul style="list-style-type: none"> Create a newsletter 	Business manager	December 2014	On track for December 2014-first feature on Friends and Family test

Appendix – Information provided to group members prior to the meeting

What is the Friends and Family Test?

From 1st December 2014, it is a contractual requirement that all GP Practices undertake the NHS Friends and Family Test (FFT). The FFT is an anonymous feedback tool that supports the fundamental principle that people who use NHS Services should have the opportunity to provide feedback on their experience that can be used to improve services.

The primary aims of the FFT are to:

- gather useful feedback from people who use services that can be fed directly to staff that provide their care, in a simple format, in near real time
- identify areas where improvements can be made so practical action can be taken
- inform current and prospective patients about the experiences of those who use the practice services

FFT was rolled out in hospitals in 2013, and is being extended to more and more services within the NHS. It is the largest healthcare experience programme in the world.

It is based on one simple question:

WOULD YOU RECOMMEND THIS SERVICE TO YOUR FRIENDS AND FAMILY IF THEY NEEDED SIMILAR TREATMENT?

Possible responses:

- Extremely likely
- Likely
- Neither likely nor unlikely
- Unlikely
- Extremely unlikely
- Don't know

Practices can then select a second follow up question, and we have selected the following:

CAN YOU TELL US WHY YOU GAVE THAT RESPONSE?

Review of patient feedback 2014-15

We believe this will give a valuable source of feedback to review with our PPG, alongside the National GP Patient Survey, complaints, comments and suggestions received.

We believe that rather than run a survey once per year as we have historically done, the responses from the Friends & Family test will give us a more holistic view of patients' experiences for the following reasons:

- It's short and simple
- It can be completed online via our website, or on a postcard in the waiting room
- It's immediate, real-time and continuous- we will get a snap shot month on month
- Results are published on the NHS Choices website for all to see
- Patient can opt out of their comments being published