

Patient Participation group meeting

March 14th 2012

This meeting was attended by 8 members of the group, there were 3 apologies and Deborah Brunger and Fran Duggan attended on behalf of the practice.

Role of the Patient Participation Group

We felt that we had had to focus our attention on compiling the survey, reviewing the results and thinking about the report, so we have not been able to spend as much time as we would have liked thinking about the role of the patient participation group itself.

Prior to the meeting some useful information was circulated about the role of patient participation groups. We had a valuable discussion about how we would like to see the group working and the sort of areas on which we thought we might focus. Everyone felt that the PPG provided a valuable, ongoing dialogue between the staff at the practice and patients. It was felt that as “representatives” of patients the PPG could act as a conduit for patient views. As such they might need to explore the views of particular patient groups in the future, or organise smaller surveys looking at particular areas in order to have a better understanding of the issues and possible solutions. Everyone agreed that it would be helpful to have some simple terms of reference which could be added to at a future date.

At this meeting the following terms of reference were agreed:

1. To facilitate the improvement in service for patients by working in partnership with the health care staff and De Montfort surgery.
2. Increase the knowledge and expertise of the patient participation group about the impact of any changes within the NHS particularly in relation to the new health bill.
3. Meet bi-monthly (once every 2 months)
4. To take on any particular areas of interest/work as needed, working within our personal areas of knowledge and expertise.

We hoped that by that setting these terms of reference we would be able to work together to help maintain and enhance practice service and provision.

Discussion of survey results

There was a long discussion about the survey results. The patient participation group felt that overall the results were positive, although there were some anomalies between some of the qualitative and quantitative data. The group felt that we needed to appreciate areas in which we had achieved good/very good, but to look more closely at areas in which we felt we might have a higher than expected level of poor responses. Although many of the survey responses confirmed some of the issues already raised by the group in terms of booking appointments and continuity of care, even within the group there was some discussion about the preferred way of booking appointments and the advantages and disadvantages of the new phone system. We felt that the survey re-enforced our impression both as staff and patients that although there was good provisions within the building in terms of space and facilities, the building felt cold and impersonal. There were still some issues in term of disabled access, particularly to the corridors of the consulting rooms. The group felt that given the time restrictions to develop our action plan, we needed to look more closely at some of the areas in order to try and suggest appropriate changes or improvements.

The group were informed that the practice has been aware of some of the issues to do with the phone system and that we are continuing to try and improve on this.

Action

Debbie and Fran will try and see if they can bring any more useful data about this to the next meeting.

The group were unhappy that some doctors were mentioned individually in the qualitative comments on the survey and asked that these comments were anonymised as they felt it breached the data protection for the doctors concerned.

There was some discussion about the ways that the practice communicates with patients. The group considered what might be the most appropriate methods given our practice population which includes about 50% students. There were also concern about the impact on the practice in terms of administration costs and expense of sending out letters.

The website had been reviewed and discussed at the last meeting. It was felt that there was a lot of useful information available on the website and again given the practice population that we might be able to make better use of this. It was frustrating that some of the comments made in the survey were requesting services that we already provide and it was hoped that we could raise awareness of the facilities available by using the website, including the ability to order repeat prescriptions and book appointments online. It was suggested that we look at having QR code available so people with smart phones would be able to access the website quickly and easily. We also discussed the possibility of putting information on the right side of the prescription, although we are aware that there is limited space to do this. The possible messages that were discussed were;

- to put reminders about missed appointments,
- information about log-ins available for the website
- how to communicate with the patient participation group if a patient had any suggestions.

The patient participation group was aware that the composition of the group does not represent the student population but also felt that it was difficult to see how we could encourage this. The practice has approached the student union and although they gave us good comments about the questionnaire they are not able to provide anyone who can attend the meetings. It was suggested that we approached student services to see if they wished to provide a representative to attend the meetings. The group felt that we needed to continue to be aware of this concern and to look at other ways to canvass the views of students about particular issues. We are also aware that we have no representatives from the sheltered housing and residential homes covered by the practice and again felt that we might need to canvass their views on particular occasions.

Action

Debbie will contact student services and see whether anyone from there would be willing to attend the next meeting.

It was considered whether it would be possible to raise the profile of the patient participation group by having information available on one of the notice boards in the waiting rooms as well as on the website. There was some discussion as to whether we should provide a link to facilitate other patients forwarding comments and suggestions to the group. However there was some concern within the group that this might lead to some inappropriate comments, complaints or personal information being forwarded to the group. It was suggested instead that we had a box available in reception to allow comments to be forwarded to the group but that could be monitored by the managers so that any issues that were felt to be more appropriately dealt with in another way could be actioned more swiftly.

There was also a discussion about what action the practice takes when patients miss appointments and the group was surprised that the practice does not routinely take any action about this. It was felt that missed appointments inevitably affect appointment availability and that it would be appropriate to remind people about wasted appointments and the individual's responsibility in trying to minimize this.

Action plan

The following points were agreed as an action plan for the group:

1. It was agreed that the practice would provide information available in the waiting room and on the patient call in screen about the number of DNA'd appointment's in the previous week .
2. The group would like the practice to consider the ways in which they respond to missed appointments either or by letter or by text. This will be discussed by the partners and the practice and suggestions about further action will be brought back to the next meeting.
3. The group wish us to look at ways the practice communicates with patients and provides them with information, particularly considering;
 - the website
 - use of text messaging,
 - printed information which may be more appropriate for certain groups or individuals
 - and the use of QR codes.

Action Debbie and Fran agreed to look at these areas and liaise with members of the group who have particular expertise in these areas and this will be discussed again at future meetings.

4. To evaluate in more detail the information on the questionnaire, in order to decide the most appropriate future actions for the practice. This needs to be considered in conjunction with other qualitative data available to the practice. We would like to look at the following areas:
 - the phone system,
 - the appointment system,
 - continuity of care.

Action Debbie and Fran will look at these areas and bring back some further information for the group to consider at the next meeting so that we can decide what, if any action needs to be taken in these areas.

5. Give further consideration to next year's survey in order to try and provide more useful data .
6. Improve the appearance of the surgery in order to make it a more welcoming environment for patients, paying particular attention to use of notice boards, availability of leaflets and the presence of art work and plants as well as books and magazines for children and adults.

It was agreed that as the action plan had been drafted during the meeting everyone was happy for this to be added to the report and published without further discussion.

Any other business

It was suggested that in order to facilitate the meetings, particularly to make sure any new members feel that they have the opportunity to share their views, it would be useful to have someone chairing the meeting. At the moment it was suggested that this role was taken on by Fran Duggan.

There was a request from the group that the views of the staff about working in the surgery, and particular issues that affected them were collected.

Action Debbie and Fran agreed to look at his for the next meeting.

There was a question about whether the practice would facilitate the use of consulting rooms for alternative therapies. It was explained that as the building is not owned by De Montfort surgery we have a problem with subletting the rooms. However if this was felt to be a particular concern for the group they could contact the PCT themselves in order to request this. One member of the group agreed to try and draft a letter about this and bring it to the next meeting.

Next meeting agreed Wednesday 16th May 2012