

# CLEVEDON MEDICAL CENTRE PATIENT PARTICIPATION GROUP minutes of meeting 29 April 2013

Chair: Martin Hime

Minutes: Julie Davidson and Nina Tilton

Apologies: None

Attendees:

Name	Practice
Peter Cole (PC)	The Green Practice (TGP)
Maggie Blackmore (MB)	Clevedon Riverside Group (CRG)
Daphne Hulin (DH)	The Green Practice
Valerie Lush (VL)	The Green Practice
John Chedzy (JC)	Clevedon Riverside Group
Leigh Chedzy (LC)	Clevedon Riverside Group
Roy Davies (RD)	The Green Practice
Jennie Briscoe (JB)	Clevedon Riverside Group
Mo Griffiths (MG)	The Green Practice
Pat Cowie (PC)	The Green Practice
Martin Hime (MHi)	Chair
Karen Hathway (KH)	GP Partner, The Green Practice
Matt Houghton (MH)	GP Partner, Clevedon Riverside Group
Julie Davidson (JD)	PM, Clevedon Riverside Group
Nina Tilton (NT)	PM, The Green Practice

## **Minutes of last meeting**

Minutes were sent to attendees after the last meeting and displayed on Medical Centre notice boards and in waiting rooms and also on the internet site.

## **Patient survey 2013 results presentation**

NT summarised the background to the 2013 surveys. Questions were designed following input from the PPG January meeting. The surveys contained questions that were common to both practices but also a couple of practice specific questions. The results of each practice survey were published on the internet sites and paper copies were handed out at the meeting along with paper copies of the presentation. Copies of the survey results are available in the waiting room for patients to see and take home if they wish.

The presentation showed the combined results from both practices for the common questions and the individual practice results for each of four, practice specific, questions.

TGP is upgrading its website. MB suggested that it would be helpful to get feedback on changes from patients who perhaps are not confident users of the internet to make sure that they understand terms such as scrolling.

The Department of Health is keen to encourage internet access to appointment booking and medical records. Our clinical systems will be upgraded during the year/early 2014 and this will provide a platform for further internet services but we must be careful not to disenfranchise patients who cannot or do not wish to use the internet for medical services.

JD explained that we have placed two adverts at the Curzon promoting our PPG and this has generated some interest. Another advert is planned for the autumn.

TGP specific questions were about the professionalism of the reception team and ease of booking appointments. It was pleasing to see that generally the staff are friendly and approachable but more work is needed on equipping them to deal with basic enquires that may not need clinicians to be involved. There are signs that it is becoming easier to book appointments etc but there is more work to be done. An internal audit carried out by the practice in November showed that it had halved the number of patients who were asked to call back to obtain an appointment.

CRG introduced an 'on the day' open clinic about 12 months ago partly to relieve pressure on demand for appointments. The survey questions showed that there is good awareness about this new service, many respondents had used it and patients are finding it easier to see someone on the same day.

DH asked if the 5 minutes allowed for the same day clinic appointment would be rigorously imposed. JD confirmed that it may be necessary for follow up appointments to be arranged following the initial consultation.

MHi observed that neither survey included a question about the ease of being able to see a preferred GP – perhaps we could include a question about this in our next

survey. This generated a discussion on the difficulties of seeing some clinicians, the availability of appointments 6 or 12 months in advance and the messages given out by out of hour GPs and hospitals of the need for patients to see 'their own GP'. JD pointed out that all GPs in the practice have access to patient records and can often deal with a problem without the need for a patient to have to see his or her 'own GP'.

NT explained about how the availability of appointments is phased over time to try and balance the need for booking in advance and more urgent needs to be seen. PC suggested that many patients do not really understand about the booking system and do not appreciate that clinicians are part time and so get frustrated when appointments appear to be 'blocked'. Perhaps leaflets and notices explaining this to patients would help patient understanding. JD added that whilst we are trying to serve an increasingly elderly population we do also have to think about other demographic groups as well and try to ensure equal access to all.

JC and LC outlined the difficulties and frustrations they have experienced as carers and this led to a lively debate on the complexity of life for carers generally and the problems they face in trying to juggle different agencies and organisations.

MHi suggested that the meeting spends more time at a future meeting on the complexities of being a carer and ways in which the practices may be able to help simplify some of the logistics of dealing with primary care. We should also try to hold a specific education session for patients during the year.

JD reminded the meeting that individual issues are best addressed with the practice at the time they occur.

MHi thought that it would be interesting to analyse appointments to obtain an age profile of those visiting the surgery.

The survey highlighted that there is still more work to be done on promoting the existence and work of the PPG. However, respondents endorsed the need for our PPG to:

- Help the community understand about how GP practices work with other services (e.g. out of hours or hospitals).
- Campaign on local issue such as the development of CCH or closure of local services.
- Be the patient voice as GP services change over the next few years as the NHS reforms.
- Raise awareness of health issues in the wider community.
- Work with practices to develop and improve the patient experience.

## **Telephone Contract**

JD advised that the issue of 0844 numbers was highlighted again in the press at the weekend. BT contract holders pay local rates but other landline and mobile providers charge higher rates for these calls. The Medical Centre is locked into a 7 year commitment and up until now it has been too expensive to break the contract. However the contract is up for renewal within a year and we are now working towards changing the systems. During the summer the practices will be looking at the options which may include reverting to 01275 numbers, a queuing system or phones busy when practice lines are fully used (each practice has 3 incoming reception lines). It is likely that most alternatives will have advantages and disadvantages and the practices would like the PPG group to support the project by providing feedback on which solution would most likely be acceptable to the majority of patients.

JC asked for us not to include the platitude – “your call is important to us” - in any holding messages.

## **PPG survey action plan**

Taking into account the results of the survey and the planned project on changing the phone systems the following action plan was agreed:

- Conduct a specific survey on changes to telephone system to support practice decision on replacing 0844 numbers. Timing to be summer 2013.
- Any general PPG survey in addition to above to be done in autumn/early winter and to include a question about the ease of obtaining an appointment with a preferred GP.
- Practices to promote their internet sites more widely. This will be done by quoting the site address on patient leaflets etc and by posters etc in the waiting rooms or health education area.
- Roll-out on line services such as pharmacy4U, and access to records. Consider on-line appointments on up-grade of clinical systems (early 2014?).
- TGP – continue training on up-skilling receptionists and improving general availability of appointments.
- CRG – continue to develop and promote the open surgery.
- Hold two education sessions during the year to March 2014 – subjects to be caring for people with complex problems and asthma, heart failure or diabetes.
- Design and publish leaflets and posters to explain to patients how the appointment process works.

- Continue to promote the work of the PPG more widely (see section below).

## **PPG leaflet**

A neighbouring practice has kindly said that we can copy or adapt their PPG/PRG leaflet and copies were circulated to the group. JD asked members to consider whether we should produce something similar to use in practice and for members to distribute amongst other local groups? The document we have for consideration should be treated as a template we can customise to identify and explain the workings of the PPG. Volunteers to work on this document were requested. MHi, VL, MB and JC agreed to participate and took away the leaflet for consideration. JD will coordinate the development for the document and agreed that printing costs had been considered and would not be a barrier to publishing this patient information leaflet.

In answer to a query JD explained that the term PPG (patient participation group) is often applied to the core face-to-face group and that PRG (patient reference group) to a wider group of patients who perhaps converse and exchange views by chat rooms/e-mail. Members seemed to feel that the distinction was a bit confusing and that it would be better to stick with PPG for now.

## **Research Projects**

NT explained that both practices are members of a local research network and actively recruit patients to specific studies or trials when appropriate. Details of a focus group for the PCAAR study (Primary Care Antibiotics and Antimicrobial Resistance) were given out. Anyone interested in attending the focus group please contact Kate Brooks or Ceire Costelloe using the contact details on the handout.

Kate Brooks from the local Primary Care Research Network team will attend a future PPG meeting.

## **AOB**

### **North Somerset Commissioning Consortium**

Commissioning is now live in North Somerset and the 1<sup>st</sup> newsletter was distributed. A number of local GPs, including Dr Pill from CRG, sit on the governing body. Members of the public are welcome to attend meetings and MHi will try to attend as many as he can but other members are welcome to as well.

Venues do vary and are notified in advance of each meeting.

Forthcoming meetings are:

21st May  
18th June  
16th July  
20th Aug  
17th Sep  
15th Oct  
19th Nov  
17th Dec

MB is already attending these meetings in her role as lay representative.

### **League of Friends of Clevedon Cottage Hospital**

The AGM meeting is scheduled for 10 June. MHi is liaising with them and other local groups on revised plans for CCH.

### **IT**

JC pointed out that it is a worry that hospitals don't have ready access to patient records and that there seem to be a myriad of different IT systems in use. JD confirmed that this is a frustration for practices as well and that practice managers are sending a strong and consistent message that IT systems need to be integrated and simple.

MHi suggested that this matter be raised with the CCG governing body at the next meeting.

**Thank you to everyone for attending and contributing.**

The next meetings are scheduled for

Monday	29 July	6-7pm
Monday	28 October	6-7pm