

# CLEVEDON MEDICAL CENTRE PATIENT PARTICIPATION GROUP minutes of meeting 8 December 2014

## **Attendees:**

Julie Davidson	Clevedon Riverside Group, Practice Manager
Roy Davies	The Green Practice
Jennie Briscoe	Clevedon Riverside Group
Mo Griffiths	The Green Practice
Valerie Lush	The Green Practice
Maggie Blackmore	Clevedon Riverside Group
Martin Hime	Clevedon Riverside Group

## **Apologies:**

Linda Morris	Clevedon Riverside Group
Tim Sykes	The Green Practice
James Millet	Clevedon Riverside Group
Ursula Marks	The Green Practice
Pat Cowie	The Green Practice

**Chair : Martin Hime**

**Minutes : Julie Davidson**

## **Agenda**

### **1. PPG Development**

To consider how the group could be developed into a more cohesive team and if there is a need for a committee and / or a virtual group.

### **2. Terms of reference and frequency of meetings**

To review terms of reference in light of any changes to the group arrangements.

### **3. Relationship and engagement with the practice.**

### **4. Engagement with the wider practice population.**

### **5. Priorities**

### **6 Any other Business**

## **Minutes of the discussion**

Everyone was thanked for attending the meeting and it was noted that unfortunate circumstances had prevented some members from attending the meeting this evening.

### **1. PPG Development**

Martin opened the discussion

(MH) How might the PPG develop and how could we improve services?

(JB) Communication is key.

(MB) How can we support the GP's? Should we develop a patient questionnaire to give feedback to the practices on current services?

(JD) commented that the Friends & Family test has been introduced in all GP practices from Dec 1st which is a monthly survey for patients to complete following their use of the medical centre services. NHS England will require practices to have results available on a monthly basis from users and these will be published for all practices. With the medical centre GP practices merging into one business on April 1st 2015, all services and protocols are in a program of review to inform us of best practices for patients as we merge our clinical and administrative teams. The partners would value input from the PPG members and our patient population as we shape the business and in particular a post-April patient survey would provide the medical centre with a valuable contribution if patients could voice their feedback on the changes and offer advice on where improvements may still need to be made.

Previous 'broad' surveys run over 3 month periods by the practices in recent years have usually only produced between 300-400 responses from patients and so focussed surveys may engage patients more readily.

(ID) suggested we were getting caught in detail. Where are we going, and is that what we joined the PPG for?

(MH) What function should this group have?

(ID) We don't want the NHS to be destroyed and perhaps it is for the group to monitor how NHS service delivery locally is happening and what the truth is. To call to account the health service to deliver what we as patients expect.

(MH) On the one hand we (PPG) are a charitable friend of Clevedon Medical Centre or perhaps a positive, critical friend.

(ID) We want to see what is going on.

(VL) Yes, we want to look at local services, and what we can do to add to local services by our efforts.

(RD) We want to act on behalf of patients, also we have our own experience of being a user of medical services. So we can listen to GPs as an independent committee in partnership with them.

(JB) Yes, it is good to work in harmony with GPs and communicate. We want to ask things and possibly gain from this too on a personal level and then a patient level.

(VL) to have the channel of communication, give and receive feedback.

(ID) There is no input to us, from patients. We are not representative, and especially as we have no family representation or for children.

(AL) described virtual group membership can often assist with this representation. Alison's experience of the communication at her previous practice with their PPG group was that they benefitted from communicating and understanding a lot more information about the practice and the current issues/services.

(MH) Committees and nebulous agendas will turn people off. This was agreed by RD. More interesting topics will encourage interest from patients and would hopefully encourage their engagement.

(MB) Consultant visitors can help with us.

(VL) & (MH) agreed.

(MG) Elderly patients may not engage.

(ID) and virtual groups can also generate a lot of rubbish.

(AL) suggested that a monthly patient newsletter to an e-mail list of patients may be useful.

(VL) Yes and this would help to engage patients on specific topics. This was agreed by MH.

(AL) A newsletter could include brief information on staff (e.g. new Doctors) and relevant topics. The PPG would decide the topics, then format content.

(MH) Of course there are thorny issues on obtaining appointments and continuity of care for patients. To solve the problem, would the PPG be able to help?

(ID) would like to grow the virtual membership, prioritise questions for patient by the PPG and give the practice the chance to notice the questions and feel that things are being looked at and help if we can. We want to make sure that this practice isn't struggling.

(MH) FAQs (prepared Frequently Asked Questions guide) would be a good way of communicating with patients. Maybe this can help? Communication and a virtual PPG are both good ideas. We could develop a virtual PPG organisation to inform and educate the patient population.

(ID) It would need to be informative, frequent and brief.

(MB) What about two- way communication. Educational speakers? Perhaps new training doctors could be asked to contribute as has been the case in the past.?

(AL) Yes, an education event around Atrial Fibrillation is being considered currently.

(MH) But who will do the work? Do we have support from practices, but that it is led by PPG?

(JD) Yes, there is practice support and we would be happy to engage in this way with the PPG.

(AL) We expect a CQC inspection in the first 6 months of next year. PPG members will be asked to support the practices at the time of inspection. We have also to prepare a 30 minute presentation and to involve the PPG in this element also.

(ID) happy to volunteer to do any administrative work when possible, but not clinical work.

(AL) Clinical is not what we would expect anyone to do. In fact, we need information which is easily understandable for patients in a good format.

(JD) We could provide information for patients to appreciate the size and shape of the combined new practice. e.g. patient numbers, age-banding of the patient population, range of services etc.

(MH) Agreed this was useful information which could be rolled up to become new practice launch material. A virtual group could also be launched for April 1<sup>st</sup>.

(ID) Do we have anyone willing to manage the newsletter?

(AL) What shall we call the group? What shall we call the communication?

The group agreed it is best to keep it simple and call it a 'Patient Newsletter'.

Email addresses of our current members will be provided to Alison.

(ID) How to gather e-mail addresses?

(AL) current members address are provided at the meeting. When new patients register, they can be asked for their contact details if they wish to accept this service. Others can volunteer their addresses for the service.

(MH) Returning to our other agenda items, we questioned the duration for these meetings and Martin suggested we keep the meeting length to what is needed.

(ID) The reason for some longer meetings in the past has been visitors who come to the meeting which take up our meeting time. Although the visitors are good, we may need to separate them from our business.

(MH) agreed. Keep PPG meetings to the business in hand and then have open meetings with visitors which may also serve to engage with the patient population.

(MG) commented that this was really interesting, and yes it is the correct direction for us.

(ID) What about our priorities?

(MH) Two things at the moment: The issues for the practices as they prepare the merger, the current state of play ; and developing an extended PPG virtual organisation which enables our PPG to become more representative of our patient population and engage with more patients. How will we develop 'open meetings' to attract patient engagement and involvement? We need to think about this.

(ID) We also need timescales for everything otherwise we wander along as in the past.

Also, how do we measure our progress/performance?

(JB) and how can we improve awareness of issues for patients?

(MG) We have achieved many things today.

This was agreed by the group and a sense of direction has emerged with new things and questions to think about for next time.

**Next meeting January 26<sup>th</sup> 2015 6-7pm at Clevedon Medical Centre**