Patient Participation Group.
Minutes of meeting: 5 November 2014

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| Those present:Carolyn Hill (CH)Geoff Mason (GM)Lawrence Jackson (LJ) [minutes] | Apologies: Susan BartonDavid WoodleyTracy Prebble |

1. **Welcome**

As temporary chairperson (just for the one occasion) CH opened the meeting.

1. **Minutes and matters arising**

The minutes from the previous meeting were accepted and there were no matters arising.

1. **New chairperson**

Michele Sharpe, chairperson of the Brook Lane Surgery PPG since its inception, stood down after the previous meeting. It was the desire of the meeting to thank Michele officially for the considerable amount of time, dedication and effort she gave to the position. We already miss her!

Unfortunately, neither GM or LJ felt able to step into the position as new chairperson and so other members of the PPG, who were unable to be present, will be given the opportunity to put themselves forward via email.

1. **Review of the pamphlet and its impact**

CH reported that, generally, the pamphlet containing details about the surgery that patients might find useful, plus an article entitled “A Day in the life of a GP,” was well received and other surgeries have expressed an interest in copying its format.

One person took exception to the article, which was designed to show just how difficult the daily life of a GP can be and to illustrate why surgeries everywhere are finding it difficult, if not impossible, to recruit partners.

1. **Review the purpose of the PPG**

LJ acknowledged that there is a basic understanding that the group supports surveys and ‘events’ such as preparing and circulating the pamphlet but the question is, apart from that, why are we here and what are we trying to achieve? He pointed out that we have no power to put ideas into action and it is probably this uncertainty of purpose that results in so very few members attending meetings. He asked what we *could* do.

CH admitted that the question is quite difficult to answer.

GM said that, in his experience, the group essentially tends to put up notices in the waiting room and assist with surveys. CH agreed that when we put out various messages, we are generally making life easier for patients. Our activities, including the pamphlet distribution, have increased patient awareness of available services.

LJ asked if there were any terms of reference. CH said that there are. She added that the basic idea is that the group should benefit the patients and that the practice feels that this is being achieved.

LJ commented that attendance record of some members is so poor, it is possible that they will not come again. CH felt that they should be asked if they intend to return. She also commented that a number of new patients have registered an interest in the group but she cannot contact them until we have a new chairperson.

**Action:** CH to circulate the PPG Terms of Reference to group members by email and ask them for their opinion concerning what the group should be doing.

1. **Friends & Family Test**

CH advised the group that hospitals have been involved in a Friends and Family Test (a short survey) since April. The practice is putting it on trial month in December and must report figures in January 2015.

Its end purpose is unclear but patients have to be asked a question such as, “Following your treatment today, how likely are you to recommend this surgery to your friends and family?” Answers that patients might supply range from “Very likely” to “Not at all.” A second question, yet to be determined by the CCG, will also be asked. Responses to the first question must be reported to NHS England. The consequences (if any) of a particular trend in the answers is unknown.

How the survey is to be carried out (and it will be ongoing) has not yet been decided.

1. **New Survey – topic**

CH asked if we wish to create a new annual survey or continue with the usual one. LJ asked if the practice finds the information provided by the usual survey useful and CH confirmed that it does in the case of certain questions, simply because results can be compared with previous years’ findings.

LJ suggested isolating the useful questions and, if necessary, re-wording them. He also had CH confirm that basing answers on the patients’ general experience of the practice rather than ‘the current visit’ would be more useful.

GM had CH confirm the value that comes from using the same survey as other practices in order to be compared with them. He then suggested having a separate sheet containing our own questions. He offered to transfer the responses to a spreadsheet. LJ then offered to write some programming code to analyse the results. CH liked this idea. She wondered if it would be easier for patients if we did two separate surveys, six months apart.

It was decided that not enough members were present to make a decision about a new survey. In the absence of a decision, CH said she would arrange for the standard survey to take place.

1. **Virtual Group**

CH has the names of a number of people who are not able to join the PPG for regular meetings but would be prepared to join a virtual group. (A virtual group provides personal opinion on a range of topics, when asked, via email.)

If the PPG cannot continue for lack of a chairperson, a virtual group may be the way forward. CH commented that Whiteley practice runs a very successful virtual group. LJ agreed to contact the Practice Manager at Whiteley to ask what they have done to achieve this success. CH pointed out that it is easier for everyone in a virtual group to voice an opinion than it is in a formal meeting.

**Action:** LJ to contact the Practice Manager at Whiteley.

1. **Report on Brook Lane Surgery**

CH reported that

* online services are still accessed by only 8% of patients, approximately
* appointments at Fareham Community Hospital can now be booked online
* by the end of March, patients will be able to view their own records online
* appointments with doctors are now much more readily available. For example, on Wednesday, the day of the meeting, appointments were available on the following Friday.
* A new nurse practitioner is due to start in December.
1. **Surgery representative for next Area PPG meeting**

Unfortunately, neither GM nor LJ could be available for the next meeting on 25 November. If any PPG member reading the minutes is able to attend, please contact CH.

1. **Any Other Business**

LJ asked if any progress had been made with the lighting in the waiting room. CH replied that three electricians had been approached but none had responded. She will start the process again.

**Next meeting:** 11 February 2015 – if we have a chairperson.

Meeting closed at 7:53pm.