



## Bartholomew Medical Group Patient Participation Group (PPG)

### Meeting Monday 1<sup>st</sup> December– 6:00pm

Present:	Dr L Wrightson (LW)	GP
	Carol Hunt (CH)	Business Manager
	Helen Fox (HF)	Assistant Practice Manager
	Denise Ewing	GMS Co-ordinator
	David Wall (DW)	Patient
	Roy Taylor (RT)	Patient
	Susan Diack (SD)	Patient
	Judy Wardrobe(JW)	Patient
	Malcolm Corke (MC)	Patient
	Daphne Corke (DC )	Patient
	John Frost (JF)	Patient
	Jonathan Pepper (JP)	Patient
	Leighton Butterworth (LB)	Patient
	Debra Watson (DeW)	Patient

#### Apologies:

Trevor Langton  
Trudy Bradshaw  
Mary Sarginson

Minutes	Action	By
<b>1. Welcome and introductions</b>  HF welcomed everyone to the meeting. There were three new representatives to introduce, Jonathon Pepper, Leighton Butterworth and Debra Watson. The new Business Manager at BMG Mrs Carol Hunt was also introduced to the group.		
<b>2. Apologies</b>  As above.		
<b>3. Agree minutes from last meeting</b>  The minutes of the previous meeting held on the 1 September 2014 were agreed as an accurate record.		
<b>4. Matters arising</b>  <b>4.1. Friends &amp; Family</b>		

<p>HF discussed the Friends and Family Test, a new initiative for patients to provide feed back to the practice which is intended to inform and improve services. For the benefit of the new members HF explained how patients can access the survey online at the BMG website and also, that printed questionnaires have been made available in the waiting room. She informed the group that the practice will collate and report on the results monthly to NHS England and publish these locally. The survey asks two questions.</p> <p>The first is: 'We would like you to think about your recent experiences of our service. How likely are you to recommend our GP practice to friends and family if they need similar care or treatment?'</p> <p>Responses are: 'Extremely likely, likely, neither likely nor unlikely, unlikely, extremely unlikely or don't know.'</p> <p>The second question is selected at the practice's discretion and can be changed if they need to canvas opinion on something specific. Patients can respond after each contact if they wish and the practice must provide patients with the opportunity to complete the test but patients do not have to complete them if they don't wish to. There is no target response rate. Any free text comments made must remain anonymous as do all the results.</p> <p>MC enquired on the response rate which unfortunately has a zero return as yet but HF was hopeful that this would soon improve as would the paper returns. She explained that our aim is to identify themes within the replies and identify three areas for improvement by analysis of the FFT.</p>		
<p><b>5. Care Quality Commission (CQC) – Business Intelligence</b></p> <p>CH briefly explained that the role of the CQC is to make sure that hospitals, care homes, dental and general practices and other care services in England provide people with safe, effective and high-quality care, and to encourage them to make improvements. Their intelligent monitoring work uses readily available national datasets for NHS GP practices relating to important areas of care to look at 37 indicators to help decide when, where and what to inspect. The data inspected includes information from:</p> <p>Quality and Outcomes Framework (QOF) GP Patient Survey (GPPS) Electronic Prescribing Analysis and Costs (ePACT) Hospital Episode Statistics (HES) Information Centre Indicator Portal NHS Comparators</p> <p>The benchmarking of practices uses 6 bands 1 being the highest and 6 being the lowest level of risk, BMG is currently at level 6.</p> <p><b>5.1 CQC Possible Visit</b></p> <p>CH informed the group that GP surgeries within our locality would be visited during January, February and March 2015 with possibly, a 2 week notice period. The group were made aware that during an inspection of BMG the viewpoints of the PPG would be actively sought.</p>		

<p><b>5.2 Patient confidentiality - waiting room area</b></p> <p>An area of risk identified by the CQC from the patient survey is the issue of patient confidentiality within the BMG waiting area. Attempts have been made to restrict the possibility of confidential matter being overheard and receptionists directly instructed to limit the nature of what is asked and discussed at the front desk. More training of staff is to be undertaken on the importance of discretion and confidentiality. Any confidential conversations should take place in the front office attached to reception and test results no longer given out at reception. CH asked the groups for suggestions to improve confidentiality and solutions were offered including, Perspex screens, glass booths, advertisement of a 'private area', introducing a yellow line to limit patients approaching the desk until their turn etc. CH confirmed she would be discussing these concerns with the landlord of the building at their meeting.</p>		
<p><b>6.Patient Demand</b></p> <p>The increase in patient demand for non - urgent appointments was discussed together with availability and waiting times of pre bookable slots. HF confirmed that clinician numbers had been increased to match rising patient capitation. LW pointed out the importance of signposting minor ailment patients to alternative services e.g. pharmacy link NHS helplines etc.to alleviate pressure. The group agreed patient education via the JX board, notices, newsletters and possibly the reception television could be used to improve awareness. RT stated that the service to patients needing a same day emergency appointment was excellent in his experience. It was discussed that patient dissatisfaction with needing to ring at 8am could be helped with the new on line access service allowing patients to book their own GP appointments.</p>		
<p><b>7.Patient Concerns</b></p> <p>LB raised the issue of in-hospital tests results not always being shared with GPs which wastes resources and causes duplication of work. The need to attend chronic disease appointments here as well as the hospital was raised, CH explained that doctors have a duty of care to monitor patients for whom they prescribe. It was pointed out that some signatures on prescriptions are undecipherable. HF reassured the group that the pharmacies and the CSU have a copy of all GP signatures for comparison.</p>		
<p><b>8. Any Other Business</b></p> <p>MC pointed out that the drain outside Lloyds chemist is still blocked despite being reported.</p> <p>DW shared some research into other surgeries which have a virtual PPG membership. All members agreed to look at the PPG group terms of reference to comment on next meeting.</p> <p>HF suggested that the group try to identify an action plan from the trends noted in the Friends and Family test results at their next meeting.</p>		
<p><b>9.Date &amp; time of next meeting</b></p> <p>Monday 9<sup>th</sup> February at 6:00pm</p>		