



Bartholomew Medical Group Patient Participation Group (PPG)

Meeting Tuesday 11th October 2011, 6:00pm

Present:	Dr R Kurtis (RK)	GP
	Dr R Singh (RS)	GP
	Rebecca Clark (RC)	Practice Manager
	Amanda Creaser (AC)	Assistant Practice Manager (minute taker)
	Wendy Hall (WH)	Reception Manager
	Mr Tom Lamb (TL)	Patient
	Mrs Eileen Dunford (ED)	Patient
	Mr Roy Taylor (RT)	Patient
	Mrs Mary Sarginson (MS)	Patient
Apologies:	Mrs Susan Diack	Patient
	Mrs Tracy Newman	Patient
	Mr Simon Patchett	Patient

Minutes	Action	Action by
<p>1. Welcome and Introductions</p> <p>AC opened the meeting and thanked everyone for attending the first meeting of the PPG. Members of the group introduced themselves.</p> <p>RC commented the timing of the meetings are important to ensure as many patients as possible can attend. RT also commented it is important to maintain GP input into the meetings</p> <p>Members present felt 6:00pm was the best time but this would be discussed at the next meeting when more patients would hopefully be present.</p>		
<p>2. Aims and Objectives – Background to the formation of the PPG</p> <p>AC circulated a paper from NAPP (National Association of Patient Participation) headed ‘A ten minute guide to joining a PPG’ for members information and talked through a presentation on the aims and objectives of a PPG. AC outlined the Department of Health drive for practices to establish patient groups to engage with patients to obtain their views and to have input into services delivered by the practice.</p>		
<p>3. What do we want from this meeting?</p> <p>AC opened the floor to suggestions.</p> <p>RT suggested the aim of the group should be to look at how to</p>		

<p>improve and integrate services, and to look at different aspects of patient care to see where improvements can be made.</p> <p>ED commented with the White Paper currently being debated in parliament how changes imposed by this could affect the practice.</p> <p>MS commented how the practice can engage with patients to help them to improve their own health, and asked if the practice would be looking to invite speakers to the meetings to discuss any issues raised. AC commented this is something to consider for future meetings.</p> <p>RK suggested the group could identify weaknesses in the practice which could be improved. The practice is looking to undertake a local patient survey based on priorities identified by the PPG and the practice. ED commented a survey would be a useful place to start. TL suggested patients have different individual experiences of the practice and therefore a survey would be a good starting point.</p> <p>RC commented as patients the practice would welcome the members thoughts on how to achieve this, i.e how do you see as a practice what we can improve on.</p> <p>Issues discussed:</p> <ol style="list-style-type: none"> 1. Changing patient's perception of seeing a doctor: A lot of patients will only see one or two particular doctors and won't give other doctors a try. A lot of patients don't realise they are registered with the practice and not an individual doctor. 2. Communicate to patients details of each doctor's field of expertise; i.e dermatology or diabetes etc. RT asked if the practice had an internal referral system which RC commented is already in place, but again it is putting this message across to patients. RK commented the practice could publicise this better. RS commented it is important for the practice to ensure the workload of seeing the patients is equally distributed as seeing more patients creates more work. WH commented it is educating patients to understand their medical records are on the computer for all the clinicians to see. 3. It was agreed following these discussions that a newsletter can quickly and easily be pulled together to communicate this information to patients. Information to include list of the GP's and their interests, information about seeing a doctor, and information about the whole practice team from practice manager to receptionist etc. This information is already on the practice website and included in the patient booklets. MS suggested a 'photo board' to include photographs of the clinicians with information about their specialties may be something to 	<p>Publication of newsletter</p>	<p>Practice</p>
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<p>think about.</p> <p>RT said he would like it noting that whenever he contacts the surgery (once he gets past the automated telephone service!) the receptionist on the other end of the telephone is always polite and helpful. WH responded that she welcomed this feedback as the receptionists do have a difficult job, and do sometimes take abuse from patients, and it is nice to hear some positive feedback.</p>		
<p>4. Terms of Reference</p> <p>AC circulated draft Terms of Reference. It was agreed to defer this item to the next meeting in order for members to consider and agree next month.</p> <p>RT asked if the practice monitors requests for ‘emergency/urgent’ appointments. RC commented that depends on what the patient classes as ‘urgent’ as approximately 50% of appointments requested as urgent are not. If a patient tells the receptionist it is urgent they are seen as we cannot deny the patient an appointment. WH commented the reception staff try to clarify what the issue is to direct the patient to the most appropriate clinician, i.e they could see a nurse practitioner instead of a GP. This is something which could also be included in the newsletter. AC reported the doctors always know when a patient has requested an urgent appointment.</p>	<p>Include info in newsletter</p>	<p>Practice</p>
<p>5. GP Patient Survey</p> <p>The GP Patient Survey for 2010 was circulated with the invitation letter. The results were discussed by the group.</p> <p>AC reported a 42% response rate of questionnaires last year. Of 1062 sent out to our patients 443 were returned.</p> <p>As highlighted in the survey, possible areas for improvement are being able to see a preferred doctor and booking ahead. RC described recent changes to the appointment system to try to improve the availability of pre-booked appointments. However the practice also has a high DNA (Did Not Attend) rate for pre-booked appointments.</p> <p>RK reported the practice is also operates ‘Extended Hours’ by having a late night surgery on a Monday, early morning surgery on a Wednesday and opening on a Saturday morning.</p> <p>It was discussed that this information could also be communicated to patients.</p> <p>AC commented we would like to agree areas to be included in the survey at the next meeting so we can move this forward.</p>	<p>Extended hours info and pre-booked appointment info to be included in newsletter</p> <p>To be discussed at next meeting</p>	<p>Practice</p> <p>All</p>

<p>6. Frequency of meetings</p> <p>It was agreed to schedule meetings in every 4 weeks for the time being. When the group is more established meetings can be moved to bi-monthly or quarterly.</p>		
<p>7. Any other business</p> <p>RT said he would supply AC with the dates of the next Goole Hospital Forum meetings.</p>		
<p>8. Next Steps</p> <ul style="list-style-type: none"> • Practice to pull 'newsletter' together for approval at next meeting • Members to think of priority areas for Patient Survey • Agenda for next meeting to be circulated prior to meeting • Practice to contact members who could not attend meeting to ascertain why and canvas their feelings about priorities for improvement with patient survey questions in mind. 		
<p>9. Date & Time of Next meeting</p> <p>The meeting closed at 7:20pm, AC thanked everyone for attending.</p> <p>Monday 7th November, 6:00pm, Health Promotion Room, Goole Health Centre</p>		