

Minutes of the 4th Manor View Patients Participation Group Committee (MVPPG)
5.00 pm 10th March 2016 at Manor View Practice

Present

Richard Beeden, Joan Manning, Colin Stodel, John Perry, Jesse Anthony, Brian Richards

1 Welcome

Richard welcomed all to the meeting

2 Apologies for absence

Apologies had been received from Chloe Walters and Radhika Biswas

3 Minutes of Committee Meeting 10th December 2015 and Actions

The last minutes were accepted as a fair record of proceedings.

Action 3.1 – Jesse: Facebook Page.

Jesse had met with Liz and Sav from the Practice, and with their agreement and support has taken over the running of the Practice Facebook page.

Colin repeated the request he had sent out by e-mail that all MVPPG publications should carry the Facebook and Twitter icons. Joan and Brian asked how that could be done and Colin agreed to send an e-mail with instructions. (Secretary's note – this has been done).

Action 3.2 Richard: Telephone answering.

Richard had discussed with Liz and Paul patients' concerns about the difficulty of making phone contact with the Practice. The Practice was aware of the problems which had been exacerbated by the increased number of registered patients (an additional 1000, or about 8%). They intended to rejig staffing to get more people at telephones during peak demand times. In addition the Practice was investigating the possibility of having appointments which were somewhere between "urgent" (patient must see a doctor today and quickly) and "routine" (patient does not need to be seen urgently) noting that the latter appointments often carry waiting times of well over a week. The new type of appointment - not yet named – would be non-urgent but on a matter where the patient felt it was important to see a doctor within a day or two or three not a week or two.

Colin said the problem of booking appointments was widespread locally.

Action 3.3 Brian: Are we doing any good – Metrics?

Brian had circulated some suggestions which he wished to discuss later.

4 Notes of Chair and Vice-Chair meeting with Practice, 18th February

Richard had published notes on this meeting (actually headed Notes on Discussion on 03 December 2015 in error). Points arising were:

CPR training – this was on-going at the Catholic Church; information about sessions and booking could be found in the Newsletter (and also on the Waiting Room Noticeboard)

Richard asked if we had seen the CQC report, which may contain things we need to look at; Colin said it was on the Practice Web-site.

Outstanding matters not raised will be raised at the next meeting.

Colin and Joan have attended a CCG (Clinical Commissioning Group) which was held to encourage networking within Herts Valleys PPG representatives. meeting of the Herts branch of the NAP (National Association of PPGs). There had been a talk on non face-to-face methods of prescribing and other medical services in Old Peoples' Homes or even in private homes; this might save GPs time and possibly money, but there would be downsides from the loss of personal contact. Colin noted that this arrangement is already in place in some of the homes within this CCG. Budget has been allocated for a rollout but there needs to be some further discussions with our Practice GP's to see what they think of the idea.

Richard said he had raised the question of Medication Reviews with the Practice. Dr Davies had acknowledged that undertaking such reviews was the GPs' responsibility but because of time pressures it would make sense for patients to raise the question either in routine or specific appointments. John said the individual patient's screen on the GPs computer had a window defining, amongst other things, those needing GP attention, for example the date by which Medication review should have taken place, so this should trigger GPs to raise it. (Secretary's note; my personal screen, seen at a recent nurse appointment, showed a review required date of January 2014. No such review has taken place so there is apparently a need for patients to take some initiative here. I understand from Joan that this topic was addressed in the December Pharmacist Talk, which is on the Web-site and in the March Newsletter). The screen also lists repeat prescription items; John noted that some items readily and cheaply purchasable without a prescription were being removed from such lists.

"Patient Surveys" are the Practice's responsibility; Brian asked what these surveys comprised and what they were intended to achieve? He said that whatever the objective was it would make sense to ensure common/best practice across all Practices, otherwise they may contribute little of value. Colin agreed to raise the question of Patient Survey format at the next Network PPG.

5 Web-site Developments including Facebook and Twitter

Jesse reported that he had discussed with the Practice progress with Facebook page and strategies to promote it. They had discussed putting a flyer out at the reception and getting notices up on the screens. These issues are in the process of being dealt with by Jesse, Colin and Chloe. They had also discussed more potential ways to use the page such as notifying patients about talks and other health information.

Colin said that his intention was that the Web-site would contain mainly unchanging or constant information, Facebook would be used to communicate change and/or advise of new information being posted, Twitter would be used to communicate urgent/real-time information eg availability of Flu jabs. However it was noted that the audience for these various types of communication was not identical or even wide-spread. It was noted that the Rectory Meadow Practice Web-site (see the attachments to Richard's e-mail of 18th December) show a good example of a well-developed and user- friendly Web-site; should we aspire to something similar? Colin said there may be some resistance to going this way from the Practice, having invested much time and effort to get to what we have now.

Richard said he would talk to a colleague with school contacts to see whether we could use schools further to explore what young people need from Medical Services. **Action 4.1 Richard**

6 Talks Programme

Joan said there had been excellent response to the recent "Lifestyle" talk; attendance was so high that it was planned to repeat the talk on 23rd March, for which she would appreciate some help from PPG members. Richard agreed that there had been a generally positive response but noted that there had been some negative feedback; some attendees had been disappointed to find the talks only included suggestions about organised walks, working on allotments and singing etc. as Lifestyle aids; they had expected something more "medical". Joan said the next talk would try to build on what had been done at the Lifestyle talk.

7 Newsletter- last one and next one

Committee members congratulated Joan on the last one. Joan repeated her request for suggestions for the next but none was forthcoming at the meeting. (Secretary's note – this is something we should all try to help with, rather than leaving it all to Joan). **Action 4.2 All**

8 Engagement with young people

See Item 5 and Action 4.1

9 Proposed date for AGM etc

The AGM will be on 15th September.

10 AOB

Brian asked for a quick discussion on his suggested “Metrics” for trying to ascertain whether we were doing any good. These were based on Richard’s “10 things you get from joining the PPG” and are as follows:

1. How many patients are we reaching eg what size is our postal plus e-mail distribution list for MVPPG outputs, or how many have signed up to be members of the PPG to receive them?
2. How many suggestions from patients for improvement in the Practices services have been received and put forward to the Practice
 - a. Since we started
 - b. In the last quarter?
3. How many suggestions via the PPG has the Practice implemented?
4. As 2 above but looking at complaints not suggestions?
5. How many complaints via the PPG has the Practice acknowledged and agreed to action?
6. How many patients read the Newsletter (by quarter of issue)?
7. How many patients have asked for guidance about what to do in the event of medical problems (either directly or via the web-site?)
8. Attendance level at talks
9. Hits and likes on our Facebook site
10. Followers on Twitter

There was not time for a full discussion on the practicability, value, or methods of collecting any of these data. However for Item 1 Joan said she could probably provide the information; no-one was able to say whether “we” had had any recorded information on Items 2 to 5, although Richard said that the Text Message reminder to patients of appointments, which we had strongly encouraged the Practice to implement, had had a significant effect on the number of missed appointments. John commented that Items 4 and 5 should include praise as well as complaints – “Brickbats and Bouquets?” At Item 8 Joan said she already kept a “sign-in” list for all talks so the data was available; Jesse said we could collect data on Items 9 and 10 once the Facebook and Twitter sites/applications were up and running.

11 Date of next meeting

Richard’s availability meant 9th June as previously suggested for the Committee meeting was no good; an alternative date of Thursday 14th July was agreed.

There being no further business the meeting closed at 6.30.