

MINUTES OF THE PATIENT PARTICIPATION GROUP (PPG) HELD ON
TUESDAY, 9TH AUGUST, 2011

PRESENT:

PATIENT RERREPRESENTATIVES:

MR PETER BUTTERS - PB
MISS ROSEMARY REBO - RR
MR ANDY WAGNER – AW
REV JOAN WAGSTAFF - JW

PRACTICE RERREPRESENTATIVES:

SUE ROBERTS JSR
DOT LAWTON DL

APOLOGIES: MRS JANET RICHARDS, MRS ELIZABETH JACKSON,
MISS ANN MCQUADE

RESIGNATIONS: MRS CAROL GRAHAM, MRS GLORIA BONNER

INTRODUCTION

Rev Joan Wagstaff hopes she has some skills that would be useful to the Group.

Minutes of Previous Meeting

Read and agreed.

Ground Rules

JSR gave meeting an overview of the ground rules.

Chairperson, Secretary Treasurer

The meeting felt that due to the lack of attendance the elections should be deferred until the next meeting. The Group felt no decisions should be made until there was a minimum of 6 people Present. All Group business deferred until next meeting.

A discussion took place on how the Practice could get more patients interested in joining the group. Some of the ideas suggested were - Large notices. GPs and Practice Nurses to hand out forms to patients who they have spoken to and have shown interest. Try to identify any skills patients may have. The Practice to ask new mothers or young children Suggest flyers to be given when attend immunisation clinic. Practice to call patients personally. AW Need to look into advertising ? local magazine. Need to target younger age group. AW does the Practice have any patients in public sector.

AW page on Practice web site.

RR page in Practice newsletter

PB asked if the lack of attendance was due to the fact that the meeting was early evening rather than daytime.

All present agreed that at previous meeting everyone had agreed that an early evening meeting was more convenient.

Survey

SR handed out copies of the previous MORI survey to the meeting.

PB was impressed that the Practice Nurses came out very well in the survey with the practice being very pro-active in health promotion.

SR the Practice did not do very well in the survey. Questions regarding Doctor of choice and able to book appointments in advance.

SR informed meeting that the Practice was now opening appointments 3 weeks ahead.

This would hopefully help patients trying to book appointments with both Doctor of choice and advanced.

PB asked what the DNA rate of appointments booked 3 weeks ahead.

SR the Practice is keeping a spreadsheet to monitor DNA rates.

Action DL to bring DNA information to next meeting.

AW suggested texting patients to remind them of their appointment. Texting reminders has been found to reduce DNA's

SR Dr Birch had heard on Radio 4 how a Practice had reduced the DNA rate on appointments by changing the wording and being positive, e.g. when patient booking appointment over the telephone, receptionist asking patient to repeat back when appointment is, if patient at reception desk, give patient appointment card and ask them to write down their appointment. Instead of having notices informing patients how many appointments lost, be positive, inform them on how many patients had been seen in that period.

PB asked who pays the salaries of GPs at Practice

SR the Salaried GPs are paid by the Practice. Registrars are funded by Mersey Deanery, Foundation 2 Drs are on a four month medical rotation. Drs Birch, Phipps and Nadaph are trainers, (Dr Phipps has recently resigned).

The Salaried GPs are employed to provide appointments lost due to Drs Birch, Phipps and Nadaph training the Registrars and Foundation 2 Drs.

Group Discussion on what a PPG could look at

SR PPG should not look on group as being a 2 year DES. Practices need the patient perspective on what needs the patients require. The group could look into taking on board ways of helping Practices get new premises.

PB group could lobby councillors.

RR worries young people 12-15 years have nowhere to go to talk to someone. ? group could lobby school nurses.

SR with the group devising a survey for the practice patients it would enable the practice to look at some of the ideas or problems the patients feel they have.

RR would it help to distribute surveys out in the waiting room.

SR thought that would be a good idea. The PPG could have badges to identify who they are to the patients. Group could help run "flu fun days" giving patients tea/coffee

The group then had discussion on ideas to improve waiting area.

AW suggested spotlights over notice boards.

RR suggested a mirror in patient's toilet.

RR said she did not like the way seating was arranged, did not like to walk out of consulting room and look at patients who were sitting directly opposite to door. She felt that they might have heard some of the consultation.

SR told meeting that was why there was a television playing to give patients confidentiality and why there were no chairs next to any of the doors.

It was decided to arrange chairs in 3 rows facing the fish tank.

SR said they would look into spotlights as meeting would have to appreciate there would be a cost involved.

SR told meeting that the practice was having new carpet fitted in the waiting room and office.

Date and time of next meeting Tuesday, 13th September, 2011 at 6.30pm.

Meeting called to a close.

Agenda for next meeting

Nomination of Chairperson, Secretary, Treasurer

Copy of patients DNA who had made appointment 3 weeks DL