## ROTHWELL & DESBOROUGH HEALTHCARE GROUP

## Patient Participation Group - Minutes

Meeting Date: 04/06/2019 Desborough Surgery

Start time: 13:00 Finish time:14:00

Attending	Apologies
Practice Staff – FL	Patient - JHC
Patient - JT	Patient - LCS
Patient - AT	Practice Staff - NW
Patient - ST	
Patient - DT	
Practice Staff - DH	

Agenda	Discussions, comments and actions	Action
Item		by
4	MAZILIA AND LA CARA LA	
1	Welcome, Introductions and apologies	
	FL welcomed everyone to the group. Introduced herself as	
	Practice Assistant at the surgery. A new role which has been in	
	place for two months. One of the main elements of the role is the	
	PPG, arranging meetings, liaising and organising work and being a main point of contact for the PPG.	
	AT was an Occupational therapist and therapy educator at a	
	University for a number of years and lives in Desborough. She has	
	experience as a Council member of the Health and Care	
	Professions Council and also chairs a trust fund.	
	JT again was an Occupational therapist for many years, lives in	
	Desborough and is a Unison representative and Labour Councillor	
	locally.	
	DT is a Desborough resident, and wanted to declare that he is a	
	CQC advisor. Wanted to ensure there was no issue with this and	
	make all members aware.	
	DU and El garged that there was no issue with this and if at any	
	DH and FL agreed that there was no issue with this, and if at any point an issue arose this would be discussed at the time.	
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	SM is a Rothwell resident, although has lived in Desborough previously and was a member of the PPG previously.	
	DH has been a partner with the surgery for 4 years and is primarily based at Desborough. She is the designated PPG lead.	
2	Chair, secretary and vice chair nominations	
	It was agreed that this item would be moved to item 9 so that members could get to know each other slightly better.	
3	Ground Rules	
	FL checked that all members were happy with the group rules. All agreed were happy.	
	FL also stated that one of the main ground rules is that the group is not to be used to raise personal issues and complaints. If there is an issue which is practice wide we can potentially look into that.	
4	How the PPG will work	
	FL stated that we will meet at least quarterly but that additional meetings could be arranged for specific work items. Agendas will be sent out to group members to agree, if they would like anything adding to the agenda to let FL know and this can be added.	
	Annual meetings will go ahead, this is a first for RDHG and will be held at the end of this financial year in 2020.	
	Membership will be reviewed annually, unless a member steps down or the majority of the group have an issue.	
	DT wanted to clarify when chairs would be reviewed if it was 12 months from the financial year start or 12 months from the date of chair being nominated.	
	FL stated that as we are only a couple of months into this financial year this would be reviewed at the annual meeting, so slightly less than 12 months on this occasion.	
	FL also noted that we can accommodate up to 12 members and that we would continue to push for new members.	
	DT wanted to clarify what happens when we get to 12 members if others wanted to join.	
	FL stated that in that instance members would be put on a waiting list until a space becomes available, but that until then new	

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	members will be welcome. Any members are always welcome on the virtual group.	
5	What to expect from the PPG	
	FL stated that we see the PPG as a vital resource for feedback, ideas and development. We need input from as many people as possible that any feedback is welcome. The only expectation is that you come to meetings and provide contributions to the meetings.	
	FL reiterated that this is a voluntary group and people should feel comfortable here. If anyone has any issues or concerns over any aspect of the group they can raise the issue at any time.	
6	What do you want from the PPG?	
	FL asked the group if they have any expectations of the group and what they would like out of it?	
	DT asked if there was anything that the GP's wanted the group to work on.	
	DH stated that there is already a list of potential projects that the PPG can take part in. We have to do lots of work around the new NHS contract, the finite resources we have available and the fact more and more is being asked of general practice. DH stated that we are fortunate that we are a group of 12 partners and we have been stable for around 4 years. Something which other practices do not have.	
	Potential work items are:	
	<ul> <li>Website</li> <li>NHS App and System 1 online access (surgery iPad could help with this, by the end of 2020 we need to have 25% of our patients signed up to online services)</li> <li>Mjog (SMS service)</li> </ul>	
	It was noted at this point by DH that 91% of friends and family test responses were positive. AT stated it might be useful to know what % of patients are sent the SMS and how many responses we get. FL to find this out	FL
	DH continued to say that there was also potential work with:	
	<ul> <li>Research</li> <li>Cancer Research UK</li> <li>Patients making the most out of their appointments</li> </ul>	

- AF screening
- eConsultations

DH stated it may be that we can create a list of things the PPG can work on and as a group we choose the most suitable with input from the practice.

DH also asked members for their views on a RDHG Dashboard, which states figures and responses from the friends and family tests.

The idea of the dashboard is to show patients what we do, as it is sometimes the view that staff are not proactively busy. DH stated that the GP's thought it might be useful to show how many of each clinician type there was.

AT stated that whilst it was interesting to know these figures, what are we hoping to gain from it? What do we want patients to respond to?

FL stated that this isn't necessarily for response, that this was for information, but that possibly we could run something along side it to find out what patients think or would want to know.

It was suggested by DH that DNA's (Did not attend) are added to this document. – DT stated that it might be useful if the PPG or surgery staff could contact the DNA patients and see why they didn't attend to see if there are any themes.

FL to get DNA numbers and see which clinicians have the most DNA's

DH stated that due to GDPR this wouldn't be something the PPG members could do but that we can look into if its something the practice staff can do. FL to see is this is possible.

AT asked if it was possible to have something which stated what times people could call (quiet times).

FL stated that this is a good idea, but that it would mean everyone would then call at the quiet times.

DH stated that the phone system does now tell people when to call for what reason and this is meaning call wait times are coming down. FL to get call waiting time stats and call numbers.

FL

FL

FL

FL also confirmed these call times were on the website and in the reception areas.

DH stated that the main thing the GP's wanted from the group was constructive feedback.

DT asked if we currently ask patients how they found their experience or their thoughts on the building other than the friends and family test. He stated that he has seen a big improvement in the surgery since he joined as a patient and that he often gets good feedback from people he speak too. He also stated that it is often the view that Desborough is not a nice surgery to visit and that Rothwell is perceived to be better.

DT suggested that we could set up crowd-funding to raise money to address the areas at Desborough Surgery which need work. For example better chairs, more accessible chairs, the slope at the front of the surgery being better.

DH stated that there is an ongoing work plan for a refurbishment at Desborough surgery and that this was included in that.

JT asked if they had considered different colours for chairs and flooring etc for people who are visually impaired.

FL stated that this was something they were looking to incorporate in the refurbishment.

DH said that if that was something JT would be happy to do as an advisor that would be very useful.

DT also stated that we could look to engage with local people to help improve the surgery as a community project.

AT thought that this would also help with member numbers as we could engage with different groups of people such as mum and baby groups.

At this point DH Left the meeting

7 Utilising the Virtual PPG

FL stated that we do have a virtual PPG but they are not very responsive.

AT asked how many members there are currently, and what the demographic was.

	FL stated around 50, who have only been sent 1 survey to date and only 11 responses. FL stated that this was because until we knew what we wanted input on, it seemed unnecessary to ask for input. This is a big working point for the group to look at in the future as this could be a great resource.	
	FL to look at and provide group demographics.	FL
8	Aims and Objectives	
	NW came into the meeting at this point and very briefly introduced herself. Stated that another meeting had been arranged for 2pm and that she needed the room.	
	Item 8 to be moved to next meeting. FL to add to agenda	FL
9	Any other business	
	Revisit to item 2 – FL asked if any group members wanted to be considered for the roles available. AT suggested waiting until all members together.  FL stated that we cannot be certain when this would be and so if we could arrange today that would be better. FL also stated that no interest in the roles had been put forward by the other two group members.  It was agreed that DT would chair for a period of 6 months. But that this would be reviewed at the 6 month point if not before depending on member numbers.  FL would be secretary.  FL also gave copy of newsletter to members which will be	
	published to patients in the next few days.	
10	Next meeting	
	FL advised the next meeting would be 09 <sup>th</sup> July 2019 at 1pm.  Members to advise of availability.	
	End of Meeting	
	Life of Miceling	<u> </u>