

Minutes of PPG Meeting 14th October 2013

Attendees: HGG, LS, RC, HW, BH

- 1: Review of last year's targets and achievements
- 2: Forthcoming year targets
- 3: Self referral
- 4: CQC
- 5: Flu clinic
- 6: Summary Care Record
- 7: Touch Screen
- 8: Choose and Book
- 9: AOB

1: A review of last year's achievements and targets with explanations as required. One of the main targets was to recruit more members to the PPG; LS commented that there had been 8 new members accepted since the last meeting. The virtual PPG is still operational.

LS added that a huge drive to advertise the PPG was underway with posters in the waiting room and leaflets given out to all patients coming in to the surgery.

2: Moving forward to this year's PPG DES, a copy of which was circulated to attending members. The main requirements are addressing patient's priorities and issues; Are we communicating to our patients in the right way, an example given was how well the recent appointment change has been communicated to the patients generally. BH asked if the patients understood the word triage, HW asked that perhaps we could make the patient information leaflet outlining the different types of appointments clearer with bullet points emphasising key changes.

HGG commented that 50% of all incoming requests for appointments have been dealt with over the phone.

All agreed that a strategy needs to be put in place to educate the patients in a clear way.

Discussed a patient survey regarding how we communicate with our patients was discussed, possible questions to include:

- Do you understand the types of appointment that are available to you
- Would you read a leaflet attached to your prescription or placed on the front desk
- Have you understood the change in the appointments
- Do you receive text messages to remind you of your appointment
- Why would you opt out of receiving an appointment reminder

- How would we be able to contact you urgently – eg. If we had to change or cancel an appointment
- Did you know our practice nurses are able to treat minor illness

3: Advertise the self referral schemes – make the patients more aware that they can refer to certain clinicians without needing to see a GP.

4: HGG stated that we had passed our CQC inspection. The inspector was with us all day and took the opportunity to sit with reception and patients in the waiting room.

There are no significant changes planned for the surgery.

5: Following the flu clinic at the community centre Helen has had some very positive feedback. We vaccinated the highest number of people in the shortest amount of time, $\frac{3}{4}$ of all the practice at risk or eligible adults were vaccinated.

It was again a very sociable event with Phylis Tuckwell selling Christmas cards and a representative from the Alzheimer's association. We had lots of health education leaflets.

We raised £60 for Phylis Tuckwell by asking for donations for teas and coffees.

6: Summary Care Record (SCR)

All letters have gone out to patients and it was mentioned that all patients are included unless they opt out. It is a countrywide record.

Any patient can have access to what is held on the SCR, there will be an access fee of £10.

Hampshire Health Record (HHR) is separate to the SCR, it is local only to Hampshire clinicians. Again it is an opt out scheme.

With both the patient must give consent to the clinician who wishes to view the SCR or HHR, unless they are unable to due to illness.

There will be posters and leaflets in the waiting room which will outline the SCR.

7: Touch Screen

BH mentioned the possible transmission of disease with all patients touching the screen when they book in. HGG said that all patients have access to antibacterial hand wash and we rely on the patients to use this to prevent the spread of germs. The surgery has a daily cleaning schedule which is strictly adhered to but any suggestions to encourage the patients to use the hand wash would be gratefully received.

Also noted was that the waiting times given at the time of booking in are not consistent with the actual waiting time. It gives the time from when the patient before was called in to the surgery so if that patient takes more than 10 minutes then the screen will be wrong.

The possibility of turning it off was suggested by HGG but both HW and BH said it was nice to have some indication of how long the wait would be.

Perhaps a change in the wording on the screen to say the waiting time is estimated?? A question for the survey.

8: All referrals are to go where possible via choose and book (CAB). CAB appointments are limited to what is made available by the CAB at Frimley Park Hospital.

9. AOB

Helen discussed the possibility of installing an information screen in the waiting room which would give out health advice etc. Possible locations were discussed however HGG said we would be limited to where we can place the TV due to lack of power sockets.

To close the meeting it was agreed that a survey would be created that would be circulated to the PPG, once approved it would then be circulated to the VPPG and then on to the wider community.

