

St Bartholomew's Medical Centre Manzil Way Oxford OX4 1XB
Tel 01865 242334

Patient Participation Group

Minutes v1.1

of the meeting held on Wednesday 11th January 2012 at 6.30pm at the Practice.

(LARGE PRINT VERSION AVAILABLE ON REQUEST)

Present:

1. Shallo Chand
2. Nycky Edleston (Chair)
3. Anton Glinski (Practice Manager)
4. Dr Tia MacGregor
5. Sarah Lasenby
6. Jackie Scarrott
7. Paul Scarrott
8. Nick Walker (Secretary)

Apologies

1. Patsie Law
 2. Gill Eltningham
 3. Joe Keegan-Boyd
 4. Phil Kelly
 5. Jamila Malik
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Practice Staff Participation

Anton suggested that it would be more appropriate to invite Sarah Betts, the Assistant Practice Manager, to the PPG meetings when there was a relevant item to discuss.

A secure email (ppgsbmc@nhs.net) has now been set up by the Practice for this group. In future emails to the group would be sent from this address, with access to it for the Chair and Secretary.

Previous Minutes

The previous minutes were signed after minor corrections.

Nick would forward the final minutes to Dr Rahim for uploading to the Practice PPG website page.

There had been some issues downloading the PDF attachments from Microsoft's Skydrive. If other documents were emailed round in future, they would be sent as regular attachments. The aim however is to use the PPG public webpage for supporting documents from now on.

Terms of Reference

The Terms of Reference (see Annex 1 – separate attachment) were updated to show the core PPG group having 12 members. The meeting frequency was updated to show monthly meetings initially, then once the group is more established they would be held every couple of months. The Terms of Reference would be reviewed in 6 months (early July 2012).

Phone System

The Practice was investigating whether to install an internet-based telephone system (voice over internet protocol – VOIP) to help manage phone calls – it would be more flexible, and would include call features such as recording calls for security, queuing calls. It was unclear if the current system queued calls. Nick said that he'd rung in at various times during the week and had waits each time of around 5 minutes in the queue.

It was stressed that more efficient call answering software should not worsen the experience for those visiting the enquiries desk – they should still have priority over incoming callers.

Home Appointments

The balance between home visits that were essential for vulnerable patients and those that really ought to make their way into the Practice to see the doctors was discussed. The pressure on the doctors' time during the working day meant that home visits really needed to be kept (and in some cases rationed) to particularly deserving cases.

Online Appointment Reservations

Online appointment-booking was also being considered, once initial concerns about procedures for lost passwords have been resolved with the provider of the service.

There was going to be a Practice Receptionists' meeting soon at which out-of-hours referral issues would be discussed.

Missed Appointments

It was noted that appointments made the day before are much more likely to be kept. No-shows for doctors' appointments are a major waste of the Practice's limited resources. The data is available which shows the regular offenders.

Prospective New Members

Nick had been passed a list of 12 enquirers interested in possibly joining the group. After some discussion, it was decided that Nick would send a holding message (preferably by email) to these enquirers saying that the group was currently full but that their names would be considered if any places become available. This would be done in rotation from the list Sarah Betts had forwarded to Nick. The current core group size would be 12 people. In the meantime, these enquirers would be sent the link to the PPG web page so that they can see the activity of the group and its minutes. Any enquirer who wished just to join the virtual group would be given the link to this in the same way. Virtual members would be permitted to submit items to the group's Secretary for consideration by the Chair for inclusion in a future meeting of the group. Anyone can comment on the minutes as they are open access.

Questionnaire

Concerns were raised about potential difficulties filling in the questionnaire form for those with learning disabilities. Where possible, a helper would be made available for anyone who needed assistance completing the questionnaire. The *GPAQ* (General Practice Assessment Questionnaire) is available in Chinese, Bengali (both questionnaire version 2) and Somali (questionnaire version 3) at

http://www.medicine.manchester.ac.uk/primarycare/npcrdc-archive/GPAQ_TRANSLATIONS.htm

It was noted that less than 20 patients with learning disabilities were registered with the Practice, although there may be other patients who will have difficulties completing the form but who are not registered.

Paul suggested that some of the group could be of practical help guiding patients visiting the surgery to the online survey that is being run, and issue paper questionnaires where necessary (but with a preference for the online version so as to make statistical analysis easier).

The group agreed the following amendments;

- a) The St Bartholomew's Practice logo would be inserted into the survey header;
- b) Question 5 would be changed to take out the end of the question, 'in your practice' as it was felt this was unnecessary; and
- c) Question 17 would have answer 3 removed, as it was for single doctor practices and was not relevant.

It was noted that showing the questionnaire version number and an acknowledgement to the Universities of Cambridge and Manchester on the survey form were a requirement of permission to use this questionnaire.

It was agreed that the questionnaire must be produced in Arial 11pt font for accessibility. Anton would enter the *GPAQ* questionnaire in English into *SurveyMonkey*.

The Practice's current email system is capable of sending out reminder texts reminding patients to visit the St Bartholomew web page to complete the survey. A flyer would be issued at doctors' consultations with patients, directing people to the website address for the survey (which would then link into *SurveyMonkey*), with a reminder on the reception area message screen, and also, if feasible, a reminder printed on prescriptions.

The deadline for the whole process to be completed is the end of March 2012. The aim is to have the survey available live on the Practice website by early February 2012. The aim is to compare the results of this survey with the one carried out on the Practice by the polling organisation *Ipsos MORI*.

Digital photos of PPG members for the Practice Reception

Discussion of this item was postponed until February's meeting.

Late running of appointments

It was noted that delays could be for a variety of reasons, some of which were not always avoidable, but the group felt that giving out information about likely delays would be helpful.

The meeting ended at 8pm

Date of next Meeting

1pm on Thursday 9th February 2012 at the Practice.

Action Points from the SBB-PPG meeting held on Wednesday 11th January 2012 v1.0	
Nick Walker	Date of next meeting by phone to landline-only member.
	Pass draft Minutes to Anton for Dr Rahim to upload onto public PPG webpage.
	Reminder email when mins online
	Deposit Minutes with Practice desk for members of the group without email.
	Email (or text if no email) to those that missed today's meeting and didn't send apologies asking if they are still interested in being a PPG member.
	Contact prospective enquirers (by email where available) to thank them for their interest, and say they will be contacted if places become available on the PGG. Also provide link to current webpage.
Anton Glinski	SurveyMonkey – entering the GQPQ v3 questionnaire with amendments.
	Reminder texts (using Practice's system) ahead of next meeting (to all with mobile no's).
	Prescription printing reminder about questionnaire message – feasibility study via Dr Rahim
Paul Scarrott	Encouraging waiting patients to fill in the online questionnaire