**Patient Participation Group (PPG)**

**20 June 2013**

**4.45pm – 6.00pm**

**Present:** Dr Louise Liddle, Sharon Fox, Sam Cox, Rosalind Snowdon, Louise Gilbert and Derek

**Apologies:** Suzanne Tagger

**Agenda**

1. **PPG members age group 18 – 25 year olds:**

It was mentioned at the March meeting that the PPG age group of patients aged 18 – 25 were not represented. The members agreed that a more diverse age range of patients may help gather patient views relating to the practice. Despite advertising our PPG on the practice website and in reception the response to enlist more members has been less receptive. The PPG decided to try a different approach and send a SMS message to patients aged 18 – 25 asking for their support with the PPG.

At today’s meeting, Sharon informed the group that no one from the 18 – 25 age groups expressed an interest in the PPG.

**Action:** The group shared the same view, that, the perception of the PPG may include extra work from its members and this may be preventing patients from joining. Sharon explained that the PPG was very much owned by the patients and a degree of responsibility and accountability was expected, however, the ethos developed by our members was that of ‘joined-up’ working with shared responsibility and accountability. It was agreed that we would continue to advertise for more members.

1. **HCA leaflet update:**

Sharon shared the HealthCare Assistant leaflet with the group. The leaflet was developed as a result of the patient survey. The purpose of the leaflet is to explain the roles and responsibilities of our clinical and non-clinical staff and why patients see different members of the team for lifestyle screening. Whilst the leaflet is on display in reception at Wideopen and Dudley, Rosalind wondered if there was a way to share the leaflet with patients.

**Action:** Dr Liddle suggested the leaflets could be handed out by the receptionist when patients are either booking an appointment with the HCA or arriving for their appointment with the HCA. Sam said she would discuss this with the receptionists, but, it might be difficult to hand out to all patients coming in as the majority use the self-check-in screen.

Copies of the leaflet were given to Rosalind for her walking group. Sharon will ensure the leaflet is available on the practice website.



1. **Improving patient access update:**

Rosalind updated the group regarding the funding for disabled access doors at Wideopen and Dudley practice. Rosalind approached Bellway Homes based at the new development site in Wideopen for funding to improve patient access to the surgery. Unfortunately the practice was unsuccessful as Bellway had already landscaped Lockey Park and made contributions to other local initiatives. Rosalind was advised to directly contact the company secretary at Bellway with further information such as quotations.

**Action:**  Sharon will get three quotations and forward them to Bellway for consideration.

1. **Clinical Reference Groups (CRGs):**

NHS Commissioning Board circulated a document to practices called ‘Clinical Reference Groups for Specialised Services’ asking for patients and carers to become involved in the CRG. The board is looking for:

* Current or recent patients of specialised health services
* Carers of current or recent patients of specialised health services
* Staff or volunteers from patient organisations or networks of patient/carers of specialised services

These positions offer a real opportunity to bring a patient and carer perspective to specialised health services. The specialised areas are:

* Internal Medicine
* Cancer and Blood
* Mental Health
* Trauma Programme Board
* Women and Children Programme Board

**Action:** The PPG members were given the information and if interested to contact the NHS Commissioning Board.



1. **Patient survey:**

Sharon asked the group for their views on the draft patient survey ‘Two Way Communication’. Sharon gave a demonstration of the survey designed by the practice. It is designed to find out what patients know about how they can contact us and if they use the range of communication methods such as SMS and online services and also how we communicate with our patients. We are hoping the practice will gain a better understanding on how we communicate with our patients, including developing alternative ways patients want to receive information in the future such as email.

**Action:** Everyone agreed with the survey. Dr Liddle suggested we included the Electronic Prescription Service (EPS) as part of the survey. I have enclosed information regarding EPS for your perusal.

**Action:** Rosalind and Louise G offered to help conduct the survey which will commence in August. Days not convenient to Rosalind are Wednesdays and Fridays.



**AOB**

Rosalind asked Dr Liddle for more information regarding the new NHS 111 service. Dr Liddle explained that NHS 111 replaced NHS Direct on Tuesday 2 April 2013. Patients should use the NHS 111 service if they urgently need medical help or advice but it's not a life-threatening situation.

Call 111 if:

* you need medical help fast but it's not a 999 emergency
* you think you need to go to Accident and Emergency or need another NHS urgent care service
* you don't know who to call or you don't have a GP to call
* you need health information or reassurance about what to do next

The NHS 111 service also covers GP out-of-hours, meaning, when patient telephone their own GP after 6pm they will be either instructed or automatically diverted to the NHS 111 service.

**Next meeting will be a virtual meeting on Thursday 12 September. Sharon will contact each member with an update on outstanding topics. If you have any issue/comments or suggestions you wish to discuss at the virtual meeting, please let Sharon know by Monday 9 September.**