

HIGHFIELD SURGERY  
PATIENT PARTICIPATION GROUP

**MINUTES**

**PATIENT PARTICIPATION GROUP MEETING**

**WEDNESDAY 27<sup>TH</sup> JULY 2011**

**DR PAUL KELLY CHAIRED THE MEETING**

Present: *Practice members*  
Paul Kelly GP Partner  
Jeanette Millward Practice Manager  
Tracy Robinson Reception Manager  
*Patient members*  
Marjorie Miller-Fieldhouse  
Wendy Stevenson  
Carole Coole  
John Moxham  
Keith Warburton  
Martin Begg  
Alison Sergeant  
David Gregson

Apologies: *Patient members*  
Heather Goodwin  
Paula Gould

**ITEM 1 ~ Welcome and Introductions**

Dr Kelly welcomed everyone to the meeting and invited everyone to introduce themselves.

**ITEM 2 ~ Background to Patient Participation Group (PPG)**

Dr Kelly discussed the main reasons for developing a patient participation group. These can be found on slides 2 & 3 of the attached PowerPoint presentation.

**ITEM 3 ~ Roles of group members**

Information about the role profile of group members had been sent to all participants prior to the meeting however Dr Kelly again précised these on slides 4 & 5 of the attached PowerPoint presentation.

**ITEM 4 ~ First thoughts about priorities**

Dr Kelly asked the group if they had any first thoughts about developments that could be made to practice services and any that the group considered to be priority actions, below are a few ideas that were discussed:

**ACTION**

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**ACTION**

**Phone System** ~ the phone system used in the old surgery at Garton Avenue was not fit for purpose and the practice hoped that the new phone system would improve patient satisfaction with regards to the speed with which calls were answered and dealt with. As yet the practice had not received any formal feedback on whether or not the new phone system had improved our effectiveness. However it was evident that the partners and other members of staff with patient contact had noticed that they were now receiving fewer verbal (i.e. no) complaints about the phone system

**Text Reminders** ~ It was suggested that reminding patients about appointments by text would be appreciated by patients as well as reducing missed appointments. The practice had looked at this in the past but for various (mainly technical) reasons had not pursued it though it was probably something that could be looked at again.

**DNA'S (Did Not Attends / Missed Appointments)** ~ It was suggested that the Practice could advertise the number of missed appointments as a means of raising awareness of scale of the problem within the practice. It's unknown how our DNA rate compares to other practices.

**Self Check-In Screen** ~ The self check-in screen used at Blackpool Victoria Hospital also gave patients an opportunity to update their personal information held on the hospital computer (address / telephone number / marital status etc) It was thought that maybe the practice self check-in screen could be used in a similar way to update the practice medical system. EMIS (the medical system supplier) were in the process of developing software that would do this and the practice had already considered using this software when it was available.

**Practice Web Site** ~ It was suggested that the best way to encourage patients to visit the practice web site frequently was to make sure that the web site was updated and the look of the website changed on a regularly basis. It had been found that people stopped visiting web sites where the appearance of the site never changed.

It was also suggested that we have a counter put on the website so that we could keep a tally of the number of patients who visited it.

**Face Book** ~ It was suggested that the practice develop a Facebook page as a way of reaching and engaging with young patients.

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**ITEMS 5 & 6 ~ Patient Survey & Timetable for government/PCT objectives**

As part of 'Item 2' and on slide 5 of the attached PowerPoint presentation Dr Kelly had outlined the specification of the Government's Directed Enhanced Service for Patient Participation Groups. Part of this specification was for the group to collate patient views through the use of a survey. Dr Kelly asked the group for the next meeting to consider what questions should be asked on the survey. Copies of the last 'in-house' survey and the last Government survey with results were given to those attending the meeting (copies will be sent to those who gave their apologies) as an example of what questions had been asked in the past. It was suggested that as the practice knows that it scored poorly in the telephone answering questions in the past that we should again, as part of the survey, see if the practice performance in this area had improved since moving into the new building.

Once the survey had been carried out the group and the practice partners need to discuss the results and agree changes that needed to be made, implement those changes, write a report and publish the report by March 2012.

The Survey will be discussed in detail at the next PPG meeting.

**ITEM 7 ~ Appoint a Chair and Secretary from the PPG**

The following appointments were made

Chair	John Moxham
Deputy Chair	David Gregson
Secretary	Marjorie Miller-Fieldhouse
Deputy Secretary	Carole Coole

**ITEM 8 ~ Future Meetings**

The next meeting, to discuss the Patient Survey, will be held at 6pm on

Wednesday 31 August 2011

The meeting to discuss the results of the survey and agree changes will be held on

Wednesday 2<sup>nd</sup> November 2011

**PLEASE NOTE – these dates are different from the dates published on the Agenda. The PowerPoint has been altered to reflect these new dates.**

**ACTION**

**All to Note**

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