

**PORTER BROOK MEDICAL CENTRE
PATIENT PARTICIPATION GROUP MINUTES**

**Introductory Meeting
Thursday 8th September 2011 at 6pm**

Present: Dr Gurjit Barn GP Partner
 Dr Kirsty Goddard Salaried GP
 Susie Uprichard Practice Manager & Business Partner
 Natalie Phillips Patient Services Manager
 Leslie Green
 Craig King
 Catherine Morse
 Eileen Nelson
 Timothy Nelson
 Clare Rushen
 Judith Samways

Apologies: Fathir Khan
 Jane Beaumont

1. Welcome & Introductions	Actions
Susie welcomed everybody to the first PPG meeting and invited everyone to introduce themselves.	
2. Constitution & Terms of Reference	
Proposed Terms of Reference and supporting information had been sent to all participants prior to the meeting. Terms of Reference were agreed by the Group and it was emphasized that membership would be reviewed annually in order to accommodate additional patients who may express an interest in joining. It was agreed that a Chair, Vice-Chair and Secretary would be appointed at the next meeting. Susie would act as chair for this meeting.	All to note
3. Ground Rules	
Susie ran through the PPG ground rules and asked all those present to respect the rules (shown below) <ul style="list-style-type: none"> • All members are equally important and all opinions should be respected. • Discrimination on any grounds will not be tolerated. • Matters discussed within the room should be assumed confidential unless otherwise stated. • The PPG meetings are not a forum for pursuing individual complaints and single issues. • We advocate open and honest communication. • We will be flexible, listen, ask for help and support each other. • No phones or other disruptions (unless agreed in advance). • We will start and finish on time and stick to the agenda. <p>These rules were agreed. It was suggested that the following rule should</p>	

<p>be added: All paperwork relevant to the next meeting should be circulated in advance to allow time for members to prepare as necessary. It was agreed to incorporate this.</p>	<p>Natalie</p>
<p>4. Background to the PPG</p>	
<p>Natalie discussed the background to the Patient Participation Group and reasons for developing a group at Porter Brook Medical Centre. Information can be found on slides 2-4 on the attached PowerPoint Presentation.</p> <p>Members of the Group were informed that a separate PPG is being established to represent our student population at Sheffield Hallam University.</p>	
<p>5. Aims and Objectives</p>	
<p>It was agreed that the group would establish some short, medium and long term objectives at the next meeting. Natalie asked the Group if they had any first thoughts about developments that could be made to practice services or areas of priority for the PPG. Below are a few ideas that were discussed:</p> <p>Changing Behaviours ~ It was commented that the manner in which clinicians call patients into the surgery could be looked into. Due to the set-up of the waiting area it can sometimes be difficult to hear your name being called out. It was agreed to feed this back to clinicians.</p> <p>DNAs (Did Not Attends/ Missed Appointments) ~ It has been noted that the practice experiences a high volume of missed appointments and late arrivals to appointments. It was suggested that reminding patients about appointments by text would be appreciated by patients as well as having a positive impact on reducing DNA rate. Susie acknowledged this and informed the Group that the practice is currently in the process of obtaining patient consent for appointment reminders via text. The practice is undergoing a clinical computer system change in November, and it is hopeful that we will be able to operate a text messaging service from then on. It has been agreed to come back to this at a future meeting after some more research has been done.</p> <p>Newsletter ~ The practice is intending to produce a practice newsletter which could be made available to patients in the waiting room and via the website. It would be beneficial if the PPG could have some input with this.</p> <p>Health Education & Support Services ~ The practice is keen to become more involved in encouraging health promotion activities within the practice. Natalie has been revising practice policy on the support we offer to carers, and would be keen on instigating a practice carer support group. It has been agreed to consider possibilities at a future meeting.</p> <p>Proposed NHS Reforms ~ A request was made for the Group to be kept informed about developments with Government plans to reform the NHS. Susie confirmed that the Group would be made aware of any changes which would impact on our patients.</p>	<p>Susie/ Natalie</p> <p>Natalie</p>

<p>Patient Choice ~ The media campaign regarding 'Patient Choice' for hospital referrals was discussed. It was commented on that patients are not in the best position to decide on a choice of consultant and that this is not by large a patient priority.</p>	
<p>6. Patient Survey</p>	
<p>As shown on slides 6-12 of the attached PowerPoint presentation Natalie outlined the specification of the Government's requirements for Patient Groups to collate patient views through the use of a survey. The areas covered by the survey should be determined by the PPG. Natalie asked the Group to consider what questions should be asked on the survey in preparation for the next meeting. Copies of sample questions from existing GP surveys were handed out to use a guide.</p> <p>Discussion took place surrounding the best means of conducting the survey. It was agreed that we would use a 'virtual group' (patients who would be happy to be contacted by e-mail to partake in surveys) in addition to paper surveys in order to reach out to a wider diverse patient population. The practice has begun to collect e-mail addresses. It was decided that questions should be kept simple to evoke a greater response.</p> <p>Once the survey has been carried out a full report including any resulting changes will be published.</p> <p>The survey will be discussed in greater detail at the next meeting.</p>	<p>All to note</p>
<p>7. Being Representative</p>	
<p>It was stressed that the patient survey needs to canvass opinion from a representative mix of the practice population taking account of age, gender, ethnicity and employment status. It should also include carers, our learning disability population, and any vulnerable groups.</p>	<p>All to note</p>
<p>8. Next Steps</p>	
<p>It was agreed that minutes of the meeting and the PowerPoint presentation will be forwarded to Group members. Feedback on the first meeting was positive.</p> <p>It was agreed that the next meeting will be held: at 6pm on Tuesday 4th October.</p>	