

**Minutes of the Bury Knowle Patient Participation Group (PPG)
1st December 2011**

Present: Claire Crook (CC - Chair), Melissa Holden, Amy Graham (minutes)
Patients: Paul Landon, John Dean, Barbara Pomroy

| 1.Welcome & Introductions | Actions |
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| <p>Claire welcomed everybody to the PPG meeting and introduced the staff of Bury Knowle</p> <ul style="list-style-type: none"> • Claire Crook Operations Manager at Bury Knowle Health Centre • Melissa Holden GP/Partner at Bury Knowle • Amy Graham Practice Administrator at Bury Knowle <p>The patients present also introduced themselves.</p> | |
| 2.Ground Rules | |
| <p>Claire made the group aware of the reasons for holding a PPG. Receiving patient feedback on the services we have in place and to discuss ideas about what more we could be doing as a GP surgery. Claire also expressed the ground rules of a PPG and asked all to respect the rules (shown below)</p> <ul style="list-style-type: none"> • The PPG meetings are not a forum for individual complaints and single issues. • We advocate open and honest communication • We will be flexible, listen, ask for help and support each other. • We will demonstrate a commitment to delivering results, as a group. • Silence indicates agreement – speak up, but always go through the chair. • All views are valid and will be listened to. • No phones or other disruptions. • We will start and finish on time and stick to the agenda. | |
| 3.What is PPG | |
| <p>The aim of the PPG is to provide a forum for our patients at Bury Knowle to discuss health services, health promotion, local healthcare initiatives and to receive patient feedback. Further information regarding 'what is a PPG' was circulated to patients prior to the meeting.</p> | |
| 4.Your reasons for attending | |
| <p>Claire asked each patient what their reasons were for attending this group. It was important that everybody felt heard and that any issues that they had or wanted to raise were discussed and are addressed where possible. As a Practice we feel it's important to gain feedback from patients as to what we're doing right and that patients highlight areas that could be improve within the surgery. The following items were raised by the group:-</p> <p>Patients toilets</p> <p>They would like to see a sign in the waiting area showing patients that there is a second toilet facility at the end of the corridor. Toilet supplies e.g. toilet roll and hand towels can sometimes run low General appearance/up keep of the toilet needs to be reviewed</p> <p>Action</p> <p>A sign for the second toilet will be discussed again. Monitoring of toilet facilities Refurbishment of the toilet</p> <p>Phlebotomist</p> <p>The question was asked whether BK has a fall back plan when the phlebotomist</p> | <p>AG/CC AG AG/CC</p> |

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| <p>clinics are cancelled. Claire explained that we do have access to another trained phlebotomist who also works in reception which on occasions we have used. However this option is not always possible.</p> | |
| <p>Action To be discussed within the practice</p> | CC |
| <p>Waiting room chairs It was highlighted that some of the waiting room chairs are stained and would benefit from being cleaned</p> | |
| <p>Action Cleaning routine to be put in place</p> | AG |
| <p>Online system There were a few issues highlighted with our online appointments service</p> <ul style="list-style-type: none"> a. Medication selection on the repeat prescriptions - some times you cannot select the drug you want or it is not showing b. Appointment selection – when trying to select an appointment for a doctor it's not showing any availability for up to a week. c. Is it possible to add phlebotomy clinics to your online system? d. Remove the Nurse appointment option all together if not available | |
| <p>Actions Melissa noted that the reason for the medication not being available on the online repeats is that the patient could be due for medication review. Claire asked the patients to send her or Amy a screen shot if this happens again in the future, so that we can provide an explanation as to why the facility is not available.</p> | |
| <p>We will actively monitor the access of appointments online. We will see where there is an issue with online users not being able to book appointments within the same week. There should be no reason why we can't add phlebotomy clinics to our online system. We will also look at removing the nurse appointment option.</p> | AG |
| <p>Another reason for attending the PPG was to get more involved in the community as the patient had recently retired and therefore has more time to dedicate to participating and attending different events/groups.</p> | |
| <p>5. Patient Survey Results (IPQ & Website Virtual PPG Survey)</p> | |
| <p>Bury Knowle have conducted two patient surveys this year. Claire pointed out that we received our highest scores to date in our IPQ survey. Claire highlighted the areas that we continue to perform well in e.g. telephone access, reception, opening hours, to name just a few. She also highlighted the areas raised within both surveys where patients feel we could improve, this included:-</p> <p>a. Named Doctor System We continue to work hard at raising awareness amongst patients of our Named Doctor system, so that patients know when to access their named Doctor and when they are available to them. We have created business cards which are situated in the front lobby this has the information of all our Doctors and the days that they work, so that patients know when it is best to contact them. The group liked the business cards and we've also received other positive feedback. The group asked how we educate patients – this is done at registration or when patients contact the surgery via the telephone or within consultations. It's patient choice as to who they wish to see.</p> | |
| <p>b. Information of services – Patient education (website, SMS, Emails,</p> | |

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| <p>Language barriers) Claire asked if there is any thing we could do better when is comes to providing information on our services and patient education. There were no comments on this. Claire explained how we are trying to promote and gain feed back when is comes to different languages spoken. In the latest issue of the newsletter there was a section asking patients whether they would like any information in their language, we printed this in what we believe were the top 5 languages most commonly used within the surgery. To date we have not received any requests for information in different languages. The group suggested we should include Albanian.</p> <p>Claire also asked what the group thought of our Flu invites being sent via SMS text messages and email this year, rather than via a letter in the post. She informed the group that there has been a large up take of the flu vaccine this year. There was a positive response but also concern that the elderly population do not know how to use their mobile if they have one. Claire explained that we did monitor this and patients were then contacted by telephone if we had not had a response within three weeks. The patients thought that this was a good system.</p> <p>Action for next year flu invites Telephone call to patients that are that are 70years or above and that are eligible for flu vaccine</p> <p>c. Complaints – Not discussed</p> <p>d. Illness Prevention – Not discussed</p> <p>e. Car parking Claire asked the groups for their thoughts on the current car parking situation. The patients didn't feel that it was an issue that could ever be solved. Where possible they personally avoid using the car park. One patient asked for additional disabled parking.</p> <p>Melissa explained that our main car parking issues were, people misusing the car park by going into Headington to shop or even catching the Oxford tube to London, the volume of patients/staff attending the health centre, dental practice and Boots pharmacy. We will continue to review possible solutions - pay and display (we didn't think this would be popular), parking attendant or one suggestion from a patient was to do nothing and make the best of a bad situation.</p> | |
| <p>6.Screenig – how do we increase uptake? Breast, Bowel and Cervical (Smears)</p> | |
| <p>We discussed how we could improve the uptake of screening and agreed that the best options for patients who did not attend appointments was to send them a letter from their named Dr asking them to come into the Practice to discuss the purpose of screening and the importance of attending. It was also suggested that we could promote it more on the website and that more information about what the tests involved might help.</p> | <p>AG/CC</p> |
| <p>7. Next meeting</p> | |
| <p>Agreed to hold a PPG every 3 months and Claire asked what time suited the group at present. Feedback of the late afternoon/evening time was best suited. Date to be arranged for next meeting</p> | |
| <p>8. Any Other Business</p> | |
| <p>Request for the patient self checking screen to have it's screen saver turned off Action</p> | |

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| <p>This can be done. Newsletter sign up – the question was asked if you are automatically signed up to this service when you register. Claire informed the group that we have to have the patient’s permission and that currently this is done via the website. A suggestion was made that this option should also be available on our registration form. This was thought to be a good idea.</p> | AG |
| <p>Action To be discussed with in the patient services team</p> | AG/CC |