

Patient Participation Group
Minutes of the meeting held 27 November 2013
At Liverpool Road Surgery

Present	R Renton	Apologies	S Williams
	P Renton		A Heppell
	J Phillips		J Heppell
	P Phillips		
	S Carlin		
	J Owens		
	J McGrath		
	M Guy		
	A Varney		
	L Hogg		

1 Care Quality Commission (CQC)

The meeting discussed the points/questions raised following distribution to the Group of CQC's "Guide For Working Together"

Please see Appendix A for responses to individual points raised.

2 Surgery refurbishment

- The issue of seating, carpets etc. was raised by the Group. Maureen Guy informed the meeting that she was continuing to give some thought to this but costs remained an issue. She mentioned that, in relation to CQC standards, it might be preferable for the seating to be covered in a washable material. Maureen also agreed that something needs to be done about the carpeting (or lack of same).

Note: The issue of the provision of suitable seats to enable easier sitting/getting up for those patients who have difficulty in this respect is still to be addressed.

- Mrs Renton asked if the car park bays could be re-painted as the lack of clear markings was causing some difficulty when parking.
- Mr Phillips asked if there had been any progress on the provision of a “LOOP” system in the Reception areas to assist hearing aid users.
- Provision of hand wash/alcohol rub on entry to surgery was discussed (in relation to CQC requirements), Maureen agreed to have these installed.

ACTION: Maureen to progress outstanding refurbishment issues.

3 PPG Recruitment

As noted in the responses to CQC “Guide....” at item 1, the meeting agreed that the PPG needed to have more members and have members from varying age groups etc. A number of initiatives that could be undertaken to encourage membership were discussed;

- The surgery now has the ability to send text messages to all patients who have registered a mobile phone number and we are looking at this as a means of encouraging recruitment. The Group agreed that this would be particularly effective for targeting specific demographic groups e.g. younger patients.
- Virtual PPG – participation via email/internet.
- We should consider an open evening at which we would give details of PPG aims etc.
- Consideration of housebound patient involvement.
- Provision of a notice board specific to PPG at both surgeries.
- Involvement of Mother and baby Group
- Have evening meetings, for those who work

ACTION: Maureen Guy and John McGrath to progress ideas.

4 Patient Survey/Audit

Maureen asked the members to consider what issues might currently be of concern to all patients for inclusion in up-coming audit.

ACTION: All members to consider issues and give feedback at next meeting.

5 Online Access To Prescriptions And Appointments

John agreed to update the Group on details of usage of this service.

ACTION: John McGrath to update at next meeting

6 Next Meeting

The next meeting will be held at Moss Lane at the end of January 2014 – exact date to be confirmed. If members can let me know of any dates they will not be available I will work round those dates as best I can.

John McGrath

Appendix A

CQC A GUIDE FOR WORKING TOGETHER – CQC AND PATIENT PARTICIPATION GROUPS

Comments/questions from PPG members on above:

Is the surgery compliant and if not why not, do we have evidence of compliance?

Yes, but we have not been inspected yet. We are confident that we are doing what we are supposed to do. Evidence of compliance is kept in the form of (for example) checks made on cleaning standards, staff training records etc.

Would prefer to contact patients possibly in their own homes and ask questions rather than send out a questionnaire or confront them in surgery where they may be worried about their health.

There are some confidentiality issues here that would prevent us from speaking to patients at home.

How many people are aware of how to complain, they may worry about repercussions should they do so

The complaints procedure is in place and is detailed in the Practice leaflet and on notice boards and the website. Worry about repercussion may be an issue

for some but they should not be concerned about this. The surgery takes complaints very seriously and all are investigated fairly and impartially.

The meeting agreed that we needed to ensure noticeboards were up to date at both surgeries. There was some discussion about the amount and positioning of other information and it was generally agreed that some tidying-up of information was needed.

It was noted that we are late in joining the party, with some groups up and running for some 20 years

There have been recent initiatives by CCG (formerly PCT) which prompted us to become involved and this is ongoing.

For example we have recently had a meeting with Debbie Williams the Engagement Support Officer (for PPG's) Cheshire and Merseyside, at which we discussed things like recruitment of new members (see item 3 of minutes).

Information about NAPP would have been useful. Annual conferences 2011, 2012, and 2013 – members may have been interested in attending and then would have been able to report back tips, reference points to help PPG effectiveness

Agreed we could and should have made the group aware of NAPP. We have now included details of NAPP on the Practice website including a link to their website and in the Practice leaflet. Since the PPG meeting we have displayed some NAPP information on notice board at Liverpool Road and will do this at Moss Lane also.

The PPG needs to consider whether we would wish at this point to let NAPP have details of our Terms of Reference, Constitution and Confidentiality Agreements (CQC will expect PPG members to have signed this). We would also need to consider if we would wish to have our PPG identified on the NAPP website.

ACTION: PPG to consider above points.

Are conference delegates self-funding or paid subsistence by Practice or other source?

We are not aware of any funding for delegates and the Practice would be unlikely to fund.

What access do we have to NAPP resource to support PPG and is there a “Champion” in our area who could advise PPG (pilot site South Cheshire)

As noted earlier NAPP website now detailed on our website etc. Members with access to internet should have a look at the NAPP website where they will find useful information. Debbie Williams available for support initially via Practice.

Other support is available, for example “The Big Chat” Run by South Sefton CCG. PPG members can get details of the last “Big Chat” at www.southseftonccg.org.uk and I will try to have some printed information for the next PPG meeting.

We will also look at the possibility of members meeting with PPG members from other PPGs

ACTION: Members to review NAPP website and report/discuss at next meeting.

(See page 3 of guide) Is it our intention to carry out any of the activities described – if so need for training and access to Champions

We had it in mind that this is how the PPG should develop as we moved forward but for this to happen the group needs to be bigger and of course prepared to move to that next level. It was agreed that to make this move forward our PPG, as identified earlier, needs to develop its membership with more members drawn from a wider demographic.

(See page 6 of guide) Inspections and reference to 2 PPG members including the chair – but JMC chair at present. Would inspector accept JMC as spokesperson for PPG

As far as we know CQC would just speak to PPG members although there would be involvement of Practice staff in other aspects of the inspection.

The Chairperson should be a non-staff PPG member yes. John took on the role simply to facilitate the setup of the Group and get the ball rolling. This was raised at the PPG meeting, can the Group please consider and let me have nominations for Chairperson please. John will continue to be the Surgery contact, organiser of meetings etc. for the Group

(See page 7 of guide) PPG unaware of National Standards of quality and safety and not looked at this

Yes the Group could usefully look at the National standards to enable them to have a better understanding of how and if we are achieving those standards.

Copies attached.

Additional female GP employed at a surgery following input of their PPG

We have been unable to recruit a female GP. Dr Kasha now a partner

Hygiene/hand washing – sanitizing bar handle at dental surgery

We did in fact have this in Moss Lane but unfortunately broken by patient.

We will look to installing something at both surgeries.

Website – ensure details available, PPG pages.

The website does in fact publish the minutes of PPG meetings and the annual report. Posters for recruitment have been in place for some time and PPG is mentioned in the Practice leaflet.

As and when the Group develops and gets involved in other initiatives then yes we would certainly put this on the website. We will also include PPG Annual report on notice board.

We are also looking at the possibility of a “blog” through which patients could direct comments, questions etc. and I should have more information on this for the next PPG meeting.

(See page 11 of the guide) information gathering about other CQC monitored services in the area – availability of this information

The Group discussed this briefly and agreed such information gathering would be beneficial. The members agreed that a survey of patients on other services provided in the area was a good idea. We now need to progress this at the next meeting.

An area more suitable to a large group practice which we are not

Cannot agree with this point. We have looked at another PPG whose members are all “senior citizens” for want of a better description and the Practice is no bigger than ours. They do however have a lot more members. Recruitment is an issue for us as already discussed.

Patient as Chairperson – too small a group, age factor PPG needs more younger members

Yes again we are too small a group and we need to look at how best we can recruit more members of varying age groups.

Expected to know details of running of the Practice, carry out research, support Practice in its dealings with other bodies, carry out patient surveys

Not sure we expect members to have a detailed knowledge of the running of the Practice. The point of the PPG however is to support the Practice but this is of course dependant on how willing and able the Group feel. There would certainly be no undue pressure from the Practice on members. Again, the Group can only do as much as the members are willing to undertake.

Go behind Practice back to CQC

The involvement with CQC is not about going behind Practices' back, it's all about improving services. There is however a complaints procedure and we encourage patients to use this when necessary as do CQC in the first instance. Complaints are an opportunity for us to improve.

Too much expected of small voluntary Group

Again the Group needs to be bigger. The Group should be the driving force behind what is taken on. We however understand that in its present form there are limitations as to what we can achieve.