

**Glebe Road Surgery
Patient Participation Group
November Meeting Action Notes**

The Practice has a Patient Participation Group (PPG), which exists to strengthen the relationship between the Practice and its patients by providing feedback with the aim of improving services.

You can find out more about the PPG here: <http://www.gleberoadsurgery.co.uk/ppg.aspx>

The Group met on 20 November 2017. The matters it discussed included the following:

1. Future arrangements for chairing and servicing meetings

Chair & Secretary advised the group they would be standing down, with effect from the end of the present meeting. The Chair read out a statement to the group and also stated that they would also be standing down from the Group itself.

ACTION: A copy of the statement to be sent to group members.

2. Reception arrangements where doctors are running late

The Group discussed arrangements whereby a small blackboard on the reception desk gives relevant information to patients, such as waiting times for the “walk and wait” surgery and when individual doctors are running late.

Most of the Group said that they had not seen this in operation and those who had seen it commented that it is not clearly visible to patients.

The Practice has placed a bid for central funding to purchase and install an updated self-check-in system, with facilities to provide real-time information on clinic delays via TV monitors in the waiting area. The outcome of the bid will be known in early December.

3. Arrangements for giving test results to patients

The Practice had bought additional telephone software advising patients where they are in the queue. The Group welcomed this development.

4. Delays in securing appointments with a preferred doctor

AGREED the Practice to organise a working group and arrange a meeting before the next PPG meeting to discuss ongoing concerns in this area.

5. NHS GP patient survey 2017

The Group reviewed and discussed results of the 2017 NHS survey of patient satisfaction with various aspects of their experience of the Practice.

Results for the practice in the 2017 were worse than the 2016 survey and members expressed the view that the poor score on the question on seeing a preferred GP is a matter of particular concern.

Most significant fall in scores from 2016 were on questions (a) about the GP being good at explaining tests and treatments and (b) about the GP being good about involving patients in decisions about care.

6. PPG business review

The Group's terms of reference set out a requirement that there be regular evaluation of its activity “so as to ensure that it continues to engage with its aims”.

Meetings are now more focused than in the past. The group agreed with this view.

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Some items of business, including some central to patient experience, have come back to five or six meetings, with little or no forward progress. Some actions agreed by the Group have not been carried out.

In discussion, members of the Group stressed the over-riding importance of the Group's aim of fostering two-way communication between the Practice and its patients.

It was agreed that at its future meetings the Group should narrow its focus and priorities so as to concentrate on a limited number of key issues.

7. Feedback from Partners' planning session

The Practice outlined its' response to the challenges being faced and the poor results in the 2017 survey. The main issue is choice around the patient walk-in surgery (the 'walk and wait' service) and the operational impact running this service has on other appointment types. Other default arrangements such as telephone and on-line consultations are under consideration.

It was recognised that patients might have different views on this. One option to help find a solution was to seek views of individual patients with a local survey on which appointment type they would prefer. Other options could be for the Practice to see fewer patients face-to-face and increase more remote consultations.

It was suggested that the Practice might follow the hospitals' example of texting patient reminders of booked appointments and the costs arising when they are missed.

It was agreed that the key issue is information and communication. In this context several members expressed the view that in spite of recent changes the Practice web site is still unsatisfactory and often unclear. The Group was clear that the Practice would need to take the first steps in preparing a draft local survey questionnaire and work with the Group on its implementation.

ACTION: the PPG to read through the paper and the actions as a basis for further discussion at the next meeting.

8. ACTIONS:

- Secretary to produce minutes from this meeting
- Secretary to produce a list of actions and business outstanding from previous meetings and the present meeting
- Anyone interested in taking on the roles of Chair or Secretary to contact the Practice Manager
- If no one makes contact, the Practice Manger to make arrangements for a new Chair and for new secretarial arrangements, on the basis that under the Terms of Reference "The Chair of the PPG will be a patient member, voted into office by the members of the PPG".

9. Finally

Members of the Group and the Practice expressed their enormous debt of gratitude to the exiting Chair and Secretary for the work they have done in running the Group over the past two years.

If you have any thoughts or suggestions on these topics or on anything else affecting the patient experience at the Surgery, you are very welcome to get in touch with the Practice Manager, at gleberoad.surgery@nhs.net.