

## **Caversham Group Practice**

### **Minutes of Patient Group Meeting held on Tuesday 3<sup>rd</sup> June 2014, 18:30 – 20:00**

#### **Present**

Representing Caversham Group Practice: Jane Duke (JD), Fay Saunders (FS), Ann McNulty (AM). Chairpersons: Roderick Allison (RA) and Jennie Whitford (JW).

Sixteen patient group members attended. For confidentiality purposes, names of patient attendees are omitted from the version of these minutes uploaded to public websites. Copies of minutes are distributed to the PPG mailing list.

RA opened the meeting by thanking those present for attending and introduced himself and JW as Chairpersons of the group.

#### **Issues from the previous meeting minutes**

Not all issues arising from the previous meeting were not explicitly discussed during the meeting. These have therefore been added as an addendum to these minutes.

#### **1. Patient Group Outreach**

##### **a) Email Addresses of patients**

It was recognised that the practice relies upon email to reach patients who are happy to be contacted about our patient group. Email addresses are added to our database from newly registered patients on a weekly basis and all new patients are asked to supply their email address and to confirm if they would like to join our patient group. Out of a patient list size of 14,300 patients, only 2,600 email addresses have been gathered, this is an ongoing project.

##### **b) TV Screen**

It was suggested that the TV screen in the waiting room should display an invitation to join the patient group. It was recognised that there is a need to encourage patients to join who do not have access to email or the internet. For those who do, a reminder should be shown on the screen to supply the practice with an email address.

##### **c) Consent**

The issue of consent was raised. It was confirmed that unless explicit consent is given to the practice manager by members of the PPG, none of their email addresses or contact details will be passed to the Chair or Vice Chair. A request was made for those who are happy to be contacted to supply this consent and the practice manager will contact all patient group members to confirm their assent. Similarly not all patients who are registered generally with the practice will automatically wish to be included on the list for the patient group. The practice was able to reassure patients that every care will be taken with their personal data and that it would be an opt-in, rather than opt-out request to share. All communication from the Chair or Vice Chair will be blind-copied in on emails, so that members do not see other members' contact details.

##### **d) Spam emails.**

The patient group was reassured that no advertising materials or contact from third parties will be included in any emails that come from either the Chair or Vice-Chair, or from the practice itself. The practice remains strictly opposed to privatisation within the NHS.

##### **e) Housebound patients**

It was discussed that housebound patients may be particularly hard to reach. Many housebound patients may not have access to email or the internet. A suggestion was made that explicit consent may be asked by clinicians visiting housebound patients whether they would like to give their views to the patient group, and to develop a mechanism on how this can be done. Ideally such outreach would be managed by the patient group itself so that no extra burden is put on the practice.

**f) Expanding our demographic**

It was recognised that the group should be representative of the local population and represent a wide demographic so that all categories of people can have a say in how the practice is run. Patient group members have links with the local Health and Wellbeing Group, a befriending service in Queens Crescent and another local service for refugees. A suggestion was made that all patient group members who have links to local community services should come together to discuss how they can outreach through contacts/links already in place and whether the practice can support them - for example with the use of interpreters.

**g) Outreach in the waiting room**

It was felt that a useful exercise to reach more patients would be to have a volunteer members of the patient group sit at a desk in the waiting room on a regular basis, especially when clinics for under-represented groups are on, for example mother and baby clinics. The purpose of this would be to canvass patient views and to publicise/increase awareness of the Caversham patient group.

**h) Dedicated notice board**

A new notice board dedicated to the PPG is now available in the waiting area. This will be used to advertise the group, publicise meetings and invite all patients, but especially under-represented patients, such as carers, to join either the group that meets face to face, or the virtual group that responds to email contact only.

**Access to Services**

**i) Patient Access**

The new Patient Access service is now live on the practice website which means that patients can book, cancel or change their appointments online.

**j) Repeat Prescriptions**

The website has a facility whereby patients can request repeat prescriptions but complaints have been made that this is cumbersome as no record of previous medications is given. It was explained that there are technical reasons for this, and it is recommended that for now, patients keep their own list of their medications handy for when they need to request repeats.

**k) Difficulty in getting appointments.**

Patients were struggling to obtain appointments, especially routine ones because of problems with sickness, annual leave. Ways of tackling this will be discussed at the next Partners meeting but it was felt that this could be improved by educating patients about cancelling and therefore freeing up an appointment slot, instead of just not turning up for their appointment ('DNA' – did not attend). The practice has taken steps to coincide its same-day appointments at the time of day when most DNAs occurred but this has not noticeably helped the practice to free up any more capacity. It was felt that educating patients more effectively about the triage service offered by the doctors, whereby any patient who is ill will be called by a doctor the same day and will be brought in if necessary, may take away some of the high demand for routine appointments.

JD advised members that patients should be encouraged to feed back to the manager with any issues, or complaints if necessary, as well as with any suggestions for change or improvement.

#### **l) Telephone system changes**

The practice will soon be implementing a new system for telephones whereby patients can book appointments over the telephone at any time, through an automated call routing system. This will not replace human telephonists and the number manning the phones will not be reduced, but it will be an alternative for busy patients who cannot stay on hold for long periods. The practice hopes this will ease pressure on the phone lines during busy periods.

The current outgoing message is confusing and does not clearly identify to patients which button to press according to their needs, and what types of appointments are available.

#### **m) New Website – patient forum - blog**

ED spoke about the new practice website which is now live. There is a need for a dedicated tab on the site for the Patient Group which ED will set up. It was suggested that a patient forum on the website might be a useful idea where patients could post and share comments. Another suggestion was that a member could set up a patient group blog, which would be an opportunity for patients to read and share their comments.

### **Representation on the local PPG Alliance**

#### **n) Two members to represent Caversham Group Practice**

RA explained that the group needs two representatives on the local committee. JW and RA will do this in rotation and the second representative will rotate between another two members who have offered and possibly a third person who was not then present at the meeting.

### **AOB**

#### **o) NICE Weight Watchers initiative**

A member of the group had heard on the BBC about the 'Lose a Little – Keep it Off' campaign by the NICE to provide free membership to Weight Watchers for obese patients. <http://www.bbc.co.uk/news/health-27586149> The member wished the group to strongly object to this policy on the grounds that it is a waste of NHS resources on a solution that she felt was unproven and ill advised.

JD confirmed that no information about a mass campaign has been received at practice level but that it still remains within the remit of a GP to refer a patient to weight watchers on an individual basis, should they feel necessary.

#### **p) Consent for contact**

JD/ED will email all patients in our existing group to ask them to email a new dedicated email address which will be under the shared control of the practice and the Chair and Vice-Chair of the group. If members do not email the address they will not be included in updates by the Chair or Vice Chair.

### **Action Plan**

In order to be an effective group JD requested that it decide upon three key priority areas and decide upon ways in which it will implement change

The areas decided upon were as follows

**Priority Area 1. To develop outreach strategies for the Patient Group to continue to try to reach under-represented sections of the patient list**

Ways to implement change include

- a) Continuing to add to the list of patients willing to be contacted by email by the patient group.
- b) Displaying an invitation to the patient group on the TV screen in the waiting room.
- c) Ensuring misgivings are allayed by informing patients there will be no unconsensual information sharing with third parties or with anyone who may advertise products or services.
- d) Discussing with multidisciplinary groups the potential for outreach with housebound or isolated patients.
- e) Developing links with local community groups to encourage them to express their views using the patient group.
- f) Having a regular presence in the surgery waiting room for patients to discuss with group members about the group.
- g) Putting up a notice board advertising the group.
- h) Ensuring best value is obtained for the group using a dedicated tab on the practice website.

**Priority Area 2. To object to the 'Lose a Little – Keep it Off' initiative proposed by the government and to connect with other groups who wish to join in the campaign.**

Ways to implement change include

- a) Attendance at the next CPPEG or PPG Alliance meeting to raise the issue to the group.
- b) Develop campaign materials and a statement of intent.

**Priority Area 3. Improve the wording in the outgoing message.**

Ways to implement change include

- a) Change the recorded message so that it is less confusing and explains the types of appointments available.

The meeting ended at 20:00pm