**PPG - Patient Participation Group Meeting**

Friday 15th September 2017 - 1.00pm

**Parties Present**

Facilitator: René Mehta (RM) – Practice Manager, Gavin Steele (GS) - GP Partner, Rebecca Davies (RD) - Clinical Research Network

**Patient Members**

Richard Lee (RL), Bernard Bain (BB), Peter Wright (PW),

**Apologies**

Joanne Darwish, Nicola Salmon, Kevin Kerwick, Michael Brady, Diesel Roberts, John Holt, Patrick Ironwuba, Gina Michel (GM), Sharon Castello (SC – Reception Manager)

**2 Actions and Matters Arising from last meeting**

09062017-1 – RM and PW have not been able to meet yet to review Terms of Reference. RL asked that feedback on the terms be added into the revised version

09062017-3 – Review Feedback on Nurses in latest GP Patient Survey – this is an agenda item below

09062017-4 – Feedback on new telephony system – to be discussed at next meeting

09062017-5 – Review “Unlikely/Extremely unlikely” FFT comments - this is an agenda item below

* RL noted that Healthwatch had very low response rate from East Street patients regarding their recent survey of access to appointments. RM noted that practices have not received any feedback as yet from Healthwatch on the survey but that East Street had displayed posters in waiting areas advertising the survey.
* RM noted that the practice has purchased water dispensers for patients/staff to use
* RM noted that sadly Mr David Clark, who had attended the last PPG meeting as a new member, had sadly passed away recently. Mr Clark had been very vocal in his support of the practice, which he had recently joined, in particular he was very impressed with the access to appointments. Mr Clark will be missed by all who knew him and our sincere condolences go out to his family at this time.

**3 Clinical Research Network**

RD thanked the group for allowing her to speak at the meeting. East Street Surgery is part of the Clinical Research Network (CRN). The CRN spans England and is divided into 15 areas. RD work for the South London division. The CRN is funded by the Department of Health and is the research part of the NHS. The CRN is not responsible for designing or interpreting research studies but assists with the practical and administrative aspects. The CRN summarises studies and sends the details onto practices who can decide if they wish to participate in those particular studies. Practices are paid a nominal sum for assisting in medical studies. Oftentimes the studies are more concerned with lifestyle changes than altering patients’ medication or testing new drugs. The CRN has spent some time visiting practices and speaking with patients in waiting rooms to inform them of the work that they do. Further information can be found on the UK Clinical Trials Gateway - <https://www.ukctg.nihr.ac.uk/>

**4 Premises**

RL noted that he did not attend the recent locality PPG specifically as Premises was not an agenda item. RM agreed that the CCGs response to his email in July and the several reminders that he sent thereafter seeking a reply was very disappointing. The CCG has noted that they are “currently discussing how to engage with patients on GP premises and their strategy.”

RM noted that all the practices in Folkestone have closed their lists to new patient registrations simply because they can no longer cope with the needs of their currently registered patients. The British Medical Association (BMA) carried out a survey of nearly 2000 practices recently and 54% would consider temporarily suspending new patient registration to maintain existing patient safety.

RL noted that it would be useful if the practice could produce a short statement of their vision for the future so that when he or others attend external meetings they can be speaking from a position that is in alignment with the practice.

**5 National Patient Survey**

It had been agreed at the last meeting that the PPG would review the feedback from the National Patient Survey especially that concerning the practice nurses (which had been noted during last year’s CQC inspection).

RM presented a written paper of the results from the latest survey (2017). Due to time constraints RM simply noted that the questions relating to nurses at the practice had shown a significant improvement in the 2017 survey compared to the previous year. The examples are noted below with the 2016 results in brackets:

* 89% (66%) say the last nurse they saw or spoke to was good at giving them enough time

Local average: 87% National average: 92%

* 86% (66%) say the last nurse they saw or spoke to was good at listening to them

Local average: 85% National average: 91%

* 84% (64%) say the last nurse they saw or spoke to was good at explaining tests and treatments

Local average: 84% National average: 90%

* 81% (62%) say the last nurse they saw or spoke to was good at involving them in decisions about their care

Local average: 79% National average: 85%

* 85% (67%) say the last nurse they saw or spoke to was good at treating them with care and concern

Local average: 85% National average: 91%

It was agreed that the group could look at these results in more detail at the next meeting.

**6** **Patient Engagement / NAPP / FFT (Friends & Family Test)**

Again due to time constraints this item could not be discussed but RM had given attendees a short paper on the recent results of the July and August 2017 FFT results.

It was agreed that FFT analysis could be a regular item at future meetings.

**7 Any other business**

PW noted that he would appreciate it if the practice could investigate implementing some sort of “tannoy” system to alert patients when they are being called in to see a doctor. PW noted that the current system is hard to hear - **ACTION**

**Date of Next Meeting**

**To be confirmed**

**Actions**

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| Ref | Action | Lead | Date due | Comments | Status |
| 09062017-1 | Amend language in the Terms of Reference | RM & PW | 31/08/2017 | Make the language more patient friendly | Open |
| 09062017-4 | Feedback on new telephony system | RM | 08/09/2017 | Discuss at next meeting | Open |
| 15092017-1 | Statement on vision for the future of the practice | RM & GS | 30/11/2017 |  | Open |
| 15092017-2 | Consider options for a tannoy system | RM | 30/11/2017 | System to call patients in to see Doctors | Open |