

Patient Participation Group Meeting 20th January 2016

Attended by:

<u>Patient Participation Group</u>	<u>For the Practice</u>	<u>Guests</u>
Jennifer Hounsell	Andy Potter - Practice Manager	
Anthony Hounsell	Hamish Duncan – Practice GP	
Pauline Edwards		
Val Dixon	<u>Apologies from PPG Members</u>	
Liz Rhodes		
Colin Farlow	Val Gilbey	
Colin Stiff	Alan Cotterill	
Ann Davis	Lorna Dyson	
Wendy Jordan	Carol Reece	
Morag Kitt	Ruth Sanders	

(1) Agree Constitution & Code of Conduct

Constitution

AP had prepared a draft document for consideration. Agreed we keep this short and simple for the time being. The following amendments were agreed.

- We seek membership of and participate in both the Exeter Locality Patients Group and also the National Association for Patient Participation (NAPP). (*AP to pursue this*)
- A clause be added that guests could be invited to meetings at the discretion of Patient Participation Group members.

AP would draft the final version of the constitution and circulate with the minutes.

Code of Conduct

AP had prepared a draft for consideration, very largely based on the existing Code of Conduct that patients currently wishing to join the Patient Participation Group had to endorse. The following amendment was agreed.

- The declaration on Equality & Diversity be extended to include Disability.

AP would draft the final version of the Code of Conduct and circulate with the minutes.

(2) Appointment of Chair

There being no volunteers to take on the position of Chair for an extended period, it was agreed that the position be filled on a rotation. Colin Farlow agreed to act as Chair for the next meeting.

(3) Meetings Schedule for 2016

AP had proposed dates as follows:

- Tue 22nd March
- Wed 18th May
- Thu 21st Jul
- Tue 20th Sep
- Wed 23rd Nov

This rotated the weekday involved and conveniently skipped both August and Christmas.

The schedule was agreed.

(4) Publicity & Recruitment of Members

Agreed that members attending meetings be listed in the minutes. Further agreed that we continue to circulate information amongst members without revealing individuals' emails addresses.

The use of Social Media had been raised at the last meeting, with a view to reaching a wider and perhaps more representative age range. Noted that while use of Facebook etc., could be powerful it required time to keep it up-to-date and there was also the issue of having an administrator/moderator role to ensure posts were not offensive or breached confidentiality. With no one in the group currently confident about taking this on it was agreed to defer any further action for now.

It was agreed that the Pinhoe waiting room TV could usefully be used for publicity/recruitment purposes. Members asked if there was any possibility a screen could be secured for the Broadclyst surgery. AP noted the Pinhoe setup had been made possible by a patient bequest, but would raise this matter with Partners.

(5) Immediate plans, projects to get us started

Survey

AP noted that the Practice was keen to carry out a survey soon - preferably in March – for a number of reasons.

- It had been three years since a comprehensive in-house survey had been conducted.
- Those aspects of the survey focussing on the doctor-patient-consultation were an important information source contributing to the GPs revalidation process.
- The 'access' questions (waiting times, appointment availability, etc) were a good indicator of whether we had the right levels of staffing, both clinical and administrative, across the Practice. This was particularly important given our growing patient numbers.

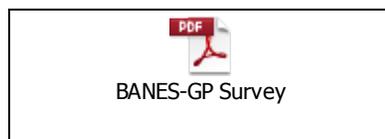
Survey - continued

Patient Participation Group members were keen to get involved and the following points were noted and/or agreed.

- Members were happy to facilitate the survey process. This might include handing out survey forms, assisting in their completion and being around to answer queries.
- Agreed this was a good opportunity to publicise the Patient Participation Group and perhaps encourage wider membership ?
- The question was raised as to whether there might be alternatives available to paper forms. Via a PC screen, online or using a tablet/iPad perhaps ? AP would investigate.
- AP noted the Practice's strong preference to use a 'standard' format and to continue to use the so-called GPAQ. (General Practice Assessment Questionnaire). This was in widespread use around the UK which meant:
 - It was a well validated survey tool.
 - That comparative data was readily available.

AP would circulate a copy of the GPAQ for information with the minutes.

- Agreed that the survey provided the opportunity to ask some 'local' questions, although these should be limited to no more than three. AP invited Patient Participation Group members to give this some thought prior to the next meeting. He would also ask the GPs if there was anything they particularly wanted to see addressed.
- Finally members were interested to know if there might be any difference in the results received from surveys completed at Pinhoe, as opposed to Broadclyst. This level of analysis had never been conducted before but AP could see no reason why it should not be possible.
- CF mentioned a survey done recently in the Bath and North East Somerset (BANES) area. This was a survey of GPs themselves, seeking their views on the current status and future of Primary Care. The results make for quite sobering reading, but may well be of interest to Patient Participation Group members. I've embedded a copy below. I know that CF/CS have forwarded details to the secretary of the Exeter Locality Group as an idea that could be examined for action here.



(6) Date of the Next Meeting

In accordance with the schedule agreed this would be Tuesday 22nd March.

AP thanked everyone for their attendance and the meeting closed.