



MINUTES FOR FORMATION OF PRACTICE PATIENT PARTICIPATION GROUP (PPG) – 18th August 2011

PRESENT FROM PRACTICE: Dr L Ariaraj; Dr V Joesbury; Sue Uglow (Practice Manager), Carol Hollywood (Reception Manager)

PATIENTS (PPG): Lance Ellis; Stella Egan; William and Angela Fogg; Cath Hawkins; Teresa Taylor; Patricia Totty

POINTS DISCUSSED:

1. Thank you and Welcome:

Dr Ariaraj introduced himself and the CMC staff to the new Patient Participation Group.

2. Rules and regulations of PPG:

An attendance register of those present was made, and the names are shown above. SMU asked for application forms including all demographic information to be completed. Forms were ("What do you think is important") distributed regarding the forthcoming annual survey on the Practice's services. Copies of the constitution of the PPG were also distributed to all present, as were copies of the Confidentiality Form which need to be completed by all members of the PPG. It was requested that completed forms be returned to Carol Hollywood.

All Virtual members will also have the above forms distributed to them via e-mail.

3. What is PPG?

SMU explained the key objectives of the PPG, and the reasons behind its formation. These are to ensure that patients are involved in decisions about the range and quality of services provided, and over time commissioned by the practice. The practice should seek to routinely ask and act upon the views of their patients. This is to include decisions that lead to changes to the services that the practice provides or commissions, either directly or in its capacity as gate keeper to other services.

The practice wants to promote the pro-active engagement of patients through the use of PPG, and seek views from practice patients through the use of a practice survey. It was discussed that the practice would also form a virtual PPG to reach as many demographic sections of the practice population. This virtual group's formation will commence in the next few weeks. Both the virtual and real groups would feed in their views, alongside the findings from the annual service, and then agreement would be sought for the priority areas for possible changes. This would result in an action plan to be agreed between the practice and the PRG.

The survey will be taken from a sample of the practice patients, looking at a broad range of areas which could include: convenience of access (opening times, ability to book ahead, ability to be seen quickly, telephone answering), patients' experience of the service, physical environment and other issues specific to the practice. There are six steps that need to be followed and SMU went through each of these.

Step 1 Develop a structure that gains the views of patients and enables the practice to obtain feedback from the practice population (eg PRG)

Step 2 Agree areas of priority with PRG

Step 3 Collate patient views through use of surveys

Step 4 Provide PRG with opportunity to discuss survey findings and reach agreement with PRG on changes to services

Step 5 Agree action plan with PRG and seek PRG agreement to implementing changes

Step 6 Publicise actions taken and subsequent achievement

SMU asked Dr Ariaraj to explain commissioning, which is the system under which responsibility for the commissioning of services for secondary care will be undertaken by a Consortium of which the practice is a member Wirral Health Commissioning Consortium (WHCC). WHCC was formed as a result of recent Government NHS reforms. This Consortium is the largest of the three consortia set up on the Wirral and consists of 26 practices.

It was discussed who should be Chairman, Vice Chairman and Secretary of the PPG – it was agreed that for the sake of an even balance, Dr Ariaraj would be Chairman; Mr Ellis Vice Chairman; Carol Hollywood Secretary. Further discussions followed this meeting and it is felt that we wait until we have a few more members of the group, before election takes place. This will be discussed at the next meeting.

Music in waiting room was discussed –it was felt that this was not appropriate. Dr Ariaraj said that he would look into this straight away in conjunction with SMU.

Access to GP appointments on a Saturday morning was discussed with the ability to be seen urgently when clinically necessary. This will be added to the practice survey and the feedback analysed by both the practice and the PPG group.

It was also agreed to hold four meetings per annum, and the next meeting will be held on Thursday 20th October 2011 at 14:00. An agenda will be circulated to all members prior to the meeting.