

## **Minutes of Museum Practice Patient Participation Group 2 December 2013 meeting**

### **Present**

Grace Dedman, Richard Dodds, Anne Garrigues, Kate Matheson, Jane Smith, Dr Agrawal

### **Apologies**

Theresa Fitzgerald

### **1) Chair**

In Theresa's absence, Jane Smith acted as chair.

### **2) Matters arising from the minutes of last meeting, 7 October**

#### *a) poster and constitution*

Kate had produced a first draft poster and Theresa had arranged for it to be displayed in the surgery.

Anne (who has a background in graphic design) offered to do further work on the poster, emphasising the date and time of the next meeting (10 February 2013).

**ACTION: Anne will circulate (by email) a draft of the next iteration of the poster before Christmas and then incorporate comments (these should be sent to Anne asap) with a view to putting the new version in reception early in January.** The Group discussed the idea of printing an updated version of the poster to advertise each meeting's date.

In addition, Kate had drawn up a draft constitution, including aims and objectives. The Group unanimously welcomed the draft.

**ACTION: Kate to circulate draft by email and all members to comment by end of January** so Kate can incorporate comments and bring final, revised draft to February meeting for discussion and agreement.

#### *b) email address*

There is no public facing email address for the Museum Practice, and there is no email address attached to the Practice website.

There is a generic email for the Practice but this not for patients' use (members of the Group can email Dr Agrawal about Group business via [museumpractice@nhs.net](mailto:museumpractice@nhs.net) but mark any mail for her attention). Therefore it is not possible to set up an email address that is part of a Practice 'family' of addresses.

**ACTION: Jane will set up a gmail address**, depending on what is available – [museumpatients@gmail.com](mailto:museumpatients@gmail.com), or [patients.museum@gmail.com](mailto:patients.museum@gmail.com), for example.

It was decided to omit the word 'practice': Richard said that people found 'practice' hard to spell and Dr Agrawal suggested using 'practice' might result in too long an address.

We agreed that the Group could organise a rota to respond to any emails.

*c) a poster for reception featuring pictures of the Practice team*

(six permanent members of staff and 1 or 2 registrars who stay for between six months and a year)

Dr Agrawal is taking this suggestion forward.

Anne said she would put Dr Agrawal in touch with a professional photographer; Dr Agrawal said the photographs could also be done 'inhouse'.

*d) a noticeboard advising patients of waiting time*

Dr Agrawal said this would be impossible to do as consultation length varies so much. The Group agreed.

*e) Practice website*

Jane Smith (who is a journalist and is involved professionally in the creation and architecture of websites) agreed to meet with Dr Agrawal in January to look at the website, offer professional advice and possibly make recommendations for improvement.

**ACTION: Dr Agrawal to contact Jane Smith to fix a date in the New Year.**

### **3) Reports from, and issues raised by, Dr Agrawal**

*a) new text service*

Dr Agrawal reported that following the announcement (by text) of the new text service (for patient appointment reminders and health information) there were 2,500 replies (out of 3,500 registered patients). The system software enables the responding texts to be viewed as an email.

When teething problems have been ironed out, she said the Group can potentially use the text message software as a recruitment tool. The software will allow the 'targeting' of certain groups of patients – those within a certain age range, for example.

*b) data collection at the Practice*

Dr Agrawal reported that for the past month, the Practice has been collecting information about its activities in response to a request from Camden Clinical Commissioning Group (CCG). She said the CCG wanted to analyse workloads of GPs.

*c) Camden Patient Public Engagement Group*

has been set up by Camden Clinical Commissioning Group.

(Camden CCG website describes the Group thus: 'Camden Patient Public Engagement Group (CPPEG) represents Camden residents and registered patients to ensure that there is proper patient, carer and public involvement at the beginning and during all commissioning processes that the Camden Clinical Commissioning Group (CCCG) will be undertaking.')

The CCG also employs a patient experience manager, Isabel Fernandez-Grandon.

Dr Agrawal says she gets requests (often at short notice) from both the CPPEG and Isabel Fernandez-Grandon who want to find patient representatives to help feed back on different services. As soon as the Group sets up its own email, Dr Agrawal will refer such requests on for members of the Group to deal with.

*d) premises*

Dr Agrawal reported that the Practice had been approached by a company that acts as a broker between the Church of England (CoE) and NHS organisations: the company refurbishes unused church-owned buildings, manages them on behalf of the CoE and rents them to GPs. A couple of sites in the area have been identified as potential new homes for the Practice: one is a large community centre near Foyles bookshop, large enough to house two or three surgeries.

Dr Agrawal said it is very early days and the possibility of a move is a long way off: the processes involved – scoping, developing a business case, seeking approval for funding from NHS England – are all very time-consuming.

For any business plan to succeed, the Practice would have to demonstrate value for money and improvement on the existing premises. So if, for example, the Practice were to share space with one or more other practices, they might all share reception and support staff, she said.

*e) new technologies*

Dr Agrawal reported she had been investigating new technologies designed to aid patients' experiences. This included a system that allows patients to use automation to book appointments on the telephone rather than wait to speak to a receptionist; the use of hand-held devices to record home visits; and technology that allows patients to check in and update personal details when they arrive in the Practice reception.

*f) pilot consultation by telephone service*

Dr Agrawal reported that the Practice had successfully applied to Camden Clinical Commissioning Group's Innovation Fund to pilot a service for 9-10 weeks which allows patients to book an appointment for a telephone consultation. The grant will fund dedicated staff time on the phone for an allocated period each day and an evaluation of the pilot.

*g) patient survey*

Dr Agrawal said the Practice will be carrying out a patient survey in January as a self-audit exercise. She will need to discuss and review the results with the Group and suggested she does so at the February meeting. She said the results of the survey will go online (on the Practice website) by the end of March. The Practice will be employing a specialist company to design and carry out the survey and analyse its results.

Jane suggested the survey include information about the Patient Participation Group and ask if patients would like to be told about meetings – if so please would they supply their email address or postal address. This would help the Group to start building a mailing list and reach more patients.

**4) Date of next meeting**

The next meeting will take place on Monday 10 February at 6.30pm.

**ACTION: It was agreed that Dr Agrawal be consulted about the agenda about a week beforehand. The agenda can then be circulated prior to the meeting.**