

## **High Field Surgery Patient Participation Group Meeting.**

Date: 6<sup>th</sup> December 2011

### **Present**

Chris Bridle (Involvement Facilitator NHS Leeds and H3+), TA, MA, GB, BJ, DM, JF, GK, CG, MG, DP, CG, Lorraine Brown (Practice Manager High Field Surgery), Tracey Godley (Reception Supervisor High Field Surgery).

### **Apologies**

CO, BT

### **Introduction and Welcome**

Chris Bridle had very kindly offered to facilitate the meeting and he welcomed the group and introductions were made.

### **Previous Minutes**

This was the first meeting therefore there were no minutes to discuss.

### **Minutes**

CB explained that one of the aims of the group is to influence positive improvements within the practice and in order to run a successful group we need to set ground rules. He mentioned:

- The need to focus on Practice improvement
- Everyone has the opportunity to speak and have their say
- Members appoint a chairperson and members decide how the group is run
- Mobiles should be turned off

GB is a member of a similar group and was concerned that we set clear aims and objectives for the group. In addition the group were concerned regarding the confidentiality of e-mail addresses. LB agreed to draw up a confidentiality policy.

It was also suggested that the group should be bigger (in excess of 100) but it was generally felt that it would be easier for everyone to have their say in smaller group.

From the start of the meeting it was clear that the group are very concerned about changes proposed under the Health and Social Care Bill, Clinical Commissioning Groups (CCGs) and their funding and healthcare services. The group felt very strongly that GPs should be in their surgeries seeing patients and not attending meetings. They did not feel Doctors should be treated as business people. LB explained these meetings are mandatory. The group also felt services should be commissioned by the CCG so that services can be provided locally for example Dr Brown's eye clinic and Dr Bobet's ENT clinic.

The group wanted to know more about the finances and management of CCGs than we ourselves actually had knowledge of and therefore LB suggested a representative from H3+ CCG could be asked to attend a meeting and address the group. LB suggested Alison Sarmiento and CB agreed to ask her.

DP said she had never seen a practice leaflet and MA also felt the practice leaflets should be more clearly displayed and it was suggested that we have a notice board just for Patient Participation Group notices. TG informed the group that all new patients to the practice were given a welcome pack which includes a leaflet but she and LB agreed that they should be displayed more prominently. The group did not feel notices about closure of the practice on TARGET days were displayed early enough or clearly enough. TG to sort.

GK and DP reported that they were disappointed with the on line booking system. They agreed it would be difficult to book the nurses appointments on line but felt they should be able to book more than one appointment at a time which the system currently will not allow. LB will take this back to SystemOne.

It was suggested that we have a quarterly newsletter and we agreed to trial this CG was volunteered into helping with this. As a young computer literate person this was felt to be something he would be able to do.

The group were horrified by the number of patients who neither attended for nor cancelled their appointment. CG suggested the "three strikes and then out" method across the board. But MG felt that some people may have genuine reasons and this should be taken into consideration. The group agreed that the DNA figures should be clearly displayed for patients to see.

JF informed the group that in her work she uses literature in different languages and it was suggested that we might have our leaflets and notices into different languages. Polish, Slovakian and Arabic were mentioned. JF also informed the group that this would probably be expensive. It was suggested that perhaps H3+ CCG may be able to support the practice financially.

We discussed the patient survey forms and TG made notes of suggested changes. The main changes were:

MG suggested a question should be asked about specific services by the team with comments which should be entered in an enlarged comment box on the back of the form.

MA felt the gender and ethnicity part of the form should be clearer and separated by thick black lines.

TG will amend the form and send it out for approval with a copy of the minutes.

It was agreed the next meeting would be in February (date to be confirmed) with a starting time of 6.45 as some people had difficulty getting to the surgery by 6.30.