

HIGH FIELD SURGERY PATIENT PARTICIPATION GROUP

Minutes of Patient Reference Group (PRG) Meeting 4th June 2013

Present

Patient members:CG, FA, DM, BT, COH, GB, TA, MA, DP,

Chris Bridle, Patient and Public Engagement Lead, Leeds West Clinical Commissioning Group(CCG),

Jayne Garnett representing the Patient Assurance Group (PAG) of the CCG,

Dr Carol Kitchen (CK, GP High field Surgery),

Tracey Godley (Reception supervisor, High Field Surgery)

Apologies

MK, BA, CA, JF, MG, LB.

Minutes

The minutes of the last meeting were agreed.

Initial Discussion

Apologies made for the change of the date for the meeting and the uncertainty as to when the next one would be. It was explained to the group that Lorraine Brown, Practice Manager has now left the practice due to ill health and CG acknowledged this on behalf of the group.

CG opened the meeting by asking the group to introduce themselves to CK and thanked her for attending. Also asked that a GP attend all future meetings to which Chris agreed this would be best practice.

Patient Group involvement with the CCG

Chris was introduced and explained his job role which is to encourage involvement of patients in healthcare issues not only a practice level but also with the CCG in various ways. He explained that he wishes to encourage members of the PRG to join with those from other practices to support each other and share ideas (i.e a "PRG Network").

He introduced Jayne who has just taken on the role as Patient Assurance Group (PAG) support officer; the PAG exists to assure the CCG that they are properly consulting with patients when they make their decisions about commissioning healthcare for the patients in this area. They would like someone from each practice PRG to be involved.

CK explained that there will be other projects which require patient input; this year we have been asked to look at diabetic care and try to increase the number of patients coming in for all their important checks; this led to a discussion of the "targets" that the GPs are expected to achieve, and how the patient group could possibly help with this; we would like to invite diabetic patients to one or two meetings in future.

CK also briefly explained that there will possibly be a "Federation" of local GPs in the future, joining together to pool resources for management and many aspects of

patient care. This would require patient input. Currently it is in its infancy.

Progress of High Field Surgery PRG

Chris asked how the group was doing. Frustration was expressed on many levels, from patients who were doubtful as to what the group had achieved and still felt they needed direction as to how they could help the practice. CK was honest about conflicting demands on GPs time, and pressure to form patient groups. GB said there was a lot of passion in the group and unharnessed energy and expertise, and asked how the group could get to the next level, and help drive the surgery forward. Again several members said that they were fortunate that High Field Surgery is already a good practice and looking of ways to improve could be difficult. CB pointed out that the main issues we seem to have are the telephones and DNA's, and that unfortunately these are problems that will never be completely addressed and are common in all surgeries.

Patient Survey

Much discussion took place regarding the survey. CK said that the results of past surveys repeatedly highlighted the same dissatisfactions for example surgery opening times and telephone availability, which which have proved repeatedly impossible to remedy.

Chris led discussion about how we could get the survey out to more patients this time round other than at reception and in the waiting room. A couple of suggestions were made. BT said she would take some to Adel Church and ask anyone that attended if they were a patient at High Field to fill one out; it was also suggested that two members of the group ask people the same when shopping at Asda. We discussed how to make the survey available to those patients who are less likely to engage with a PRG – the non-attenders, young people, housebound and people less affluent than the present group. We thought we could also ask Ralph Thoresby School if they could distribute amongst any pupils, and use the online "virtual PRG" more. Another suggestion was using [Survey Monkey](#) and our own internet site (a poster in the surgery advertising our website better would help).

Chris asked the group if they would e-mail Tracey over the next couple of weeks with any ideas they may have on small ways of improving the surgery, ideas for questions for a new survey, also ways of distributing the survey to a wider audience.

By the next meeting we will have a draft survey available for the group to look at and approve or suggest changes.

Other Points

Finally DP pointed out how old and tatty our magazines are and possibly an infection risk. We agreed to look into this.

The next meeting is provisionally booked for Tuesday 17th September 2013 6.30pm if this is agreeable by the majority.