

**Hessle Grange Medical Practice  
Patient Representative Group**

held on Thursday 3rd May 2018 at 4.00 pm  
in the Large Meeting Room

Present:	(PH)	(PRG Chairman)	
	(BHo)	(PRG Member)	
	(AP)	(PRG Member)	
	(SN)	(PRG Member/Secretary)	
	(SSG)	(PRG Member)	
	(RW)	(PRG Member)	
	(LS)	(PRG Member/Administrator)	
	(AS)	(PRG Deputy Chair/Practice Manager)	
	Apologies:	(EB)	(PRG Member)
		(SP)	(PRG Member)
(CS)		(PRG Member)	
(JP)		(PRG Member/Office Supervisor)	

**Agenda**

**ACTION**

**1. Welcome**

PH welcomed SSG back to the group.

**2. Minutes and actions from previous meeting held 20 February 2018**

PH advised he was not able to attend the planned drop-in session on 6th March 2018.

PH reiterated he would only be Chair of the group for one more year. SN had been appointed Secretary and AS Deputy Chair. It had been agreed not to appoint a Treasurer at the moment as this would involve opening a bank account. SSG pointed out that any funds raised could be passed to the practice.

AS confirmed she had sent a thank you card to LW.

PH had been unable to find the minutes of the October meeting.

PH had looked into the issue of third party information. SSG asked what the issue was and when AS explained this, SSG said she would send information to the group. **SSG**

AS would provide information on the patient requesting GP email contact. **AS**

AS requested information from the group to put on the 'B' side of prescriptions. The group would discuss this at the next meeting, in the 30 minutes prior to the practice staff joining the group. It was assumed that this information would also be on prescriptions from other chemists. SSG advised that patients were not always given the second part of a prescription, although it was pointed out that patients were usually asked if they wanted this.

SSG was happy to do another dementia talk and it was agreed that staff and carers could be invited.

Discussion took place on how the group could help promote the PRG and the practice. PH would do the first two drop in sessions but would not be able to discuss complaints or clinical issues. SSG also offered to help. Awareness of the group could be put on the practice website and on the notice board.

The issue of referrals to specialists was discussed. AS had circulated a leaflet but this did not specify that a patient could request a copy of the letter sent to the GP. If members advised SSG of departments where this information was not displayed, she would raise this with the CCG. AP asked if this included results from other services, eg physiotherapy or mental health. SSG advised that mental health patients may not be sent all information.

AS confirmed that she had circulated the last minutes of the group to the GPs and had received no feedback.

SSG advised the group that the next CCG GP Patient Engagement Group would be held on 6th June 2018 and PH said he would attend.

The minutes were agreed as a correct record.

### **3. Reflection of the last 12 months**

How do you feel the PRG has worked and has it met your expectations?  
What can we improve or change?

Discussion took place on the above and the following comments were made:

AP had volunteered for flu sessions but this had not been followed up.

BH felt there were limitations to what the group could do. However, because of information he had been given at meetings, he was able to pass this on to patients and that group members could be ambassadors for the practice.

RW thought the group should communicate to get more patients involved in the group and also get across how they can help themselves more. An example of this was asking patients to complete a form for on-line services, which group members could help with. PH asked how long this process took as he had submitted a form three months ago. AS would chase this up. AS also thought the group could help with promoting the enriched summary care record. **AS**

SSG suggested that the group produce a simple and achievable workplan. She would discuss with AS what the practice priorities would be, and email a workplan to the group, to be discussed at the next meeting. **SSG/AS**

### **4. Terms of Reference Update**

Discussion took place on the terms of reference.

Open meetings had been tried but had not been successful. Group members could be more visible by, for example, talking to patients at flu clinics. Reception staff could also advise patients of the group.

PH asked if the practice would fund expenses for attendance at their meetings. AS said this was not possible, but SSG added that expenses were paid for attendance at CCG meetings.

Group members attending interview panels was discussed and SSG could provide training and relevant information.

The terms of reference would be changed, as discussed, and agreed at the next meeting. AS would provide a copy for SN to amend.

AS/SN

## 5. Patient Feedback

BHo reported that he had received comments from patients asking why some patients had been given a different GP, and one patient had been changed from a female to a male GP. AS advised that the patient could request to be transferred back to a female GP.

She informed the group that there were currently five partners and three salaried doctors and another post was being advertised. She would provide a breakdown of practice staff and services for the next meeting.

AS

RW raised the issue that staff need to be aware of phone guardian when ringing patients.

It was suggested that PH's photo be put on a poster for the drop-in sessions. A photo of the group was also suggested, but not all members wanted to appear in this.

## 6. Practice Feedback

AS updated the group on the following issues.

An Advanced Nurse Practitioner would be starting on 4th June and the Senior Nurse had undertaken further training. This would enable them to take on clinical triage instead of the doctor's secretary doing this.

Extended hours from 4th June would enable appointments from 7.30 am on Tuesday and Thursday, although there would be late appointments only on Monday from 6.30 pm to 8.30 pm. This information would be put on the website and on the practice news whiteboard in the surgery.

The Pharmacists post had been advertised but no-one had applied.

A copy of the CCG leaflet on treatment services was given to those members who had not received it. RW commented that on the back of this it was stated that it was available in braille but how would a blind person know this? SSG said it was hoped that a family or friend would request a copy if required. AS pointed that the 8 to 8 service was not open until 8.00 pm every night. SSG would follow this up.

SSG

## 7. CCG Update

SSG updated the group on the following issues.

New urgent care centres were at Bridlington, Beverley and Goole and 8 to 8 treatment centres were at Driffield, Withernsea and Hessle. The 8 to 8 treatment centres were only for booked appointments via 111, although minor injuries and ailments were not treated at Hessle.

The extended hours a government initiative, due to start in October 2018, was out to tender. This would be funded by the CCG out of existing resources.

The AGM for the CCG GP Patient Engagement Group would be held on 18th September 2018, the time and venue to be advised.

The CCG was applying for full delegation for primary care commissioning. This would give the CCG more control, but no extra money.

## **8. Any Other Business**

AP asked if the recent problems with the breast cancer screening programme had affected the practice but AS said it had not.

AS informed the group of the new General Data Protection Regulations (GDPR) which replace the Data Protection Act. This would affect all organisations holding data, not just the NHS. AS would send out consent forms for PRG members to complete.

PH would update the email list, and members should let him know if their email address has changed. **PH**

## **9. Short animations**

Due to time constraints, only the animation “How does the NHS in England work?” was shown. SSG would forward members a link to the animation “GP Forward View - The Patient Journey”. **SSG**

## **10. Date and time of next meeting**

The meeting planned for 28th June 2018 was brought forward to enable discussion on the group’s workplan and would be held on:

Thursday 7th June 2018  
4.00 pm for patient representatives  
4.30 pm for staff representatives

This would have to finish by 6.00 pm as the building would be locked at that time.

10.5.2018 (SN) Updated and signed off 05.09.18 (AS)