

Hessle Grange Medical Practice
Patient Representative Group

Annual General Meeting

Held on Tuesday 20th February 2018 at 4.00 pm
In the Large Meeting Room

Present:	(PH)	(PRG Chairman)
	(EB)	(PRG Member)
	(RHe)	(PRG Member)
	(BHo)	(PRG Member)
	(AP)	(PRG Member)
	(SN)	(PRG Member)
	(RW)	(PRG Member)
	(JP)	(PRG Member / Office Supervisor)
	(LS)	(PRG Member / Administrator)
	(AS)	(PRG Member / Practice Manager)
In attendance:	(LB)	(GP Partner)
	(SS)	(Lead Nurse)
	(SA)	(Healthcare Assistant)
Apologies:	(SSG)	(PRG Member)
	(LW)	(PRG Member)
Minutes Taken by:	(SN)	(PRG Member)

ACTION

1. Leaving Member

AS reported that LW had resigned from the group but would attend if required to make a meeting quorate. PH asked AS to send LW a thank you card on behalf of the group.

AS

2. Welcome to Practice Doctor and Nursing Staff

LB was welcomed to the group and introduced to new members.

EB raised an issue from the last meeting when it was reported that hospital correspondence were scanned into a patient's records. This had not happened in her case. LB and AS apologised as the practice has a target of 100%, although this is not infallible.

BHe asked if it was the responsibility of the practice or the patient to follow up hospital results. LB explained that when a GP referred a patient for a hospital appointment, the patient was contractually under the care of the hospital and the patient should contact the hospital to chase up results. PH advised that patients can request that a copy of the hospital letter to the GP also be sent to them and although this is publicised in some outpatient clinics, patients were generally not aware of this. LB added that this seemed to be a quirk of this area as in other parts of the country; the patient is automatically copied into the letter. It was also pointed out that hospital appointment letters do not always give enough information on what the patient has been referred for which makes it difficult for results to be followed up. LB explained that he dictates referral letters in front of his patients.

The group expressed an interest in raising awareness of this issue to patients within the practice. AS has a leaflet on this and will share this with the group. AS

SS and SP were also welcomed to the group.

SS explained that the practice has three practice nurses, three healthcare assistants and one apprentice healthcare assistant.

LB advised the group that phlebotomy (taking of blood) is carried out by the practice from 8.00 am to 3.00 pm daily and is one of the extras which is provided by the practice but not contracted for.

PRG members had requested to meet SP because of many positive comments about her in the comments book. PH read out some of the comments about her and others relating to nursing and reception staff. He asked if the practice had a staff recognition system. LB advised that there is no formal system but the practice recognises the team effort by all staff by taking them out a couple of times a year and there is a bonus scheme at Christmas.

SS and SP left the meeting and were thanked for their attendance.

PRG members asked LB what they could do to be an effective link between patients and the practice. LB advised that SSG is a very powerful voice at the CCG and that there are patient representatives at the CCG meetings he attends. He did not see the group as being a “tick box” exercise and would like to be told if the group thinks that this is the case.

Discussion took place on how the group could help the practice and the following were raised:

- Awareness of patient issues
- Staff may appear defensive and this barrier could be broken down by the PRG
- Service can improve by involving patients
- NHS Choices comments are usually following bad experiences
- Other services the PRG would like for patients
- Improve the complaints system, PRG may look at complaints received
- PRG could speak to patients about their concerns
- Try to empower patients as much as possible

The group thanked LB for his time and members were pleased to note his interest in what the PRG does.

LB left the meeting.

3. Annual Elections

Chair - PH was proposed by AP, seconded by RW and elected

Vice-Chair - AS was proposed by AS, seconded by PH and elected

Secretary - SN was proposed by SN, seconded by RW and elected

PH advised the group that he would only be Chair for another year and proposed that the Terms of Reference be amended to reflect that in future the Chair of the group should serve a maximum of three years.

SN advised the group she did not think it necessary for an assistant to be formally appointed and it was agreed that if she was unable to attend a meeting, one of the other members would volunteer to take the minutes.

Discussion took place about the appointment of a Treasurer, which would mean the group would need a bank account and an auditor. It was agreed that the group would help the practice with any fundraising they undertook.

The draft minutes would be sent to PH and AS and these would be circulated to the group a week before each meeting. It was pointed out that AS had the majority of actions, but this was because these were to be actioned by the practice. AS agreed to update the list of PRG members and contact those on the list not present to ask if they still wished to be a member of the group. SN/AS AS

4. Minutes of the Previous Meetings

PH advised that he had produced minutes from the meeting held on 17th October 2017 but these had been lost.

The minutes of the meeting held on 16th January 2018 were agreed as a correct record.

5. Actions Outstanding from Previous Meetings

The following actions remained outstanding from the October meeting:

- PH to send notes to AS for publication PH AS
- AS to look into a further issue raised by EB about scanning in results
- PH to look into issue of third party information being omitted from requests for patient records PH

The following actions remained outstanding from the January meeting:

- AS to advise the patient of the group's decision regarding email contact with their GP AS
- AS is looking at putting PRG information on the 'B' side of prescriptions AS
- AS advised that it will be too costly to compare telephone appointment information this would require purchasing further software for the telephone system
- AS to contact SSG regarding another dementia talk AS

5. Any Other Business

AP asked about the reporting of test results to patients. AS confirmed that the patient would only be contacted if necessary for further consultation, though they could always telephone the practice to check on the results themselves.

AP then asked if this applied to INR results and was told that the patient would always be contacted whatever the result. There was also a double check system in place for INR results so they could not be missed though AP knew of one occasion where an INR result was 'lost'.

AS advised that the car park barrier is now working but as there was no caretaker post any longer, it was easier to leave the barrier up for contractor who arrives out of core hours.

AS advised that the pharmacy, Cohen's, in the Grange Primary Care Centre has a new contract and is now open less hours. The issue of Pharmacy2Us was also raised, which gave the impression that the practice was using this service. This was not the case and investigations were ongoing.

AS would send the minutes of this and future PRG meetings to the GPs meeting and ask if they had any feedback. AS

6. Plans for 2018

The following issues were raised:

PRG web page or Facebook page

AS confirmed this was possible. It was also pointed out that not all patients would look at the website.

PRG drop-in session

LB's idea for a drop-in session at the surgery was discussed. As well as getting feedback from patients, this could be used to promote services such as the enriched summary care record and provide information on issues such as operations, chronic diseases and dementia.

It was agreed that initially PH would provide a session and a room would be made available for him. He would email other members once the first session had been undertaken. The session could be advertised via the screen in the waiting room, on the PRG notice board and by putting a note on the front of the comments book. The date for the first session was agreed as 6th March from 10.00 am to 11.00 am. PH

7. Agenda Items Deferred to the Next Meeting

Due to the meeting running over, the following items would be discussed at the next meeting:

- Reflections of the last 12 months
- Terms of Reference Update

7. Thank You

PH thanked PRG members for making the group work. It has lasted and EB, one of the original members, still attends.

8. Date and Time of Next Meeting

Thursday 3rd May 2018 at 4.00 pm in the Large Meeting Room, Hessle Grange Medical Practice.

Revised 13.04.2018 (AS)