

**PATIENT GROUP MEETING**

**19th July 2017 1-2pm**

Present: RG, YC, AP (patients)

Lynn Maston (Practice Secretary)

Becky Cooling (Practice Nurse)

Debbie O’Rourke – DOR (Deputy Manager/Phlebotomist)

Jane Heuston – JH (Practice Manager)

Minutes: Jane Heuston

1. Minutes from previous meeting and matters arising
	* Facebook page –advised again by an online marketer to use Facebook. Facebook had generated a page for the surgery itself, so LBS has now taken ownership of this. JH will try to update regularly.
	* Practice website – new locality website now developed and LBS has chosen not to take this up as it promotes “paper consultations” and is too generic.
	* Waiting room – information displays (posters, leaflets and screen) now improved. Plants being put in to improve air quality and promote a more relaxed environment.
	* ‘Patient Access’ online booking system –
		+ AP felt there weren’t enough appointments available online. LBS have increased number of appointments so AP will try again and feedback. **Number of available appointments to be reviewed at next meeting.**
	* Nursing changes at Laurel Bank: Lead Nurse not suitable and now left practice. We now have a permanent 2-nurse team with Becky and Grace.
	* Wi-Fi now in surgery.
2. Patient Access:
	* Volunteers gained for trialling full patient access which allows patients to view their medical record, including test results, letters and consultations. **Debbie to set up patients with log-in.**
	* It also allows booking & cancelling of appointments, and members were asked to try this when they are able to log in.
	* Benefits of Patient Access discussed:
		+ it allows instant access to a patient’s medical information, which is particularly helpful with self-care for chronic disease such as diabetes.
		+ Would free up the phone lines more. New telephone have increased number of calls, but still recent data shows up to a third of calls not being answered.
3. Signposting
	* JH explained the big drive from the NHS towards ‘Active Signposting’ to cope with over-demand in General Practice. This involves the receptionist receiving a high level of training to ask the patient when booking their appointment what the problem is and suggesting alternatives to seeing a GP.
	* The group agreed this new way of working
		+ poses potential risks to patients as they may be signposted to the wrong service
		+ is inappropriate for a non-clinician’s role
		+ could be perceived as intimidating and/or invasive by patients
		+ puts up barriers to patients’ access to healthcare
	* Education to patients agreed as more effective:
		+ **Information to be put up in the waiting room: rolling screen messages & posters**.
	* LBS has so far not had capacity or demand problems so does not feel the new system is necessary. We will be running an exercise for one week, the “Avoidable Appointments Audit” to measure how appropriate GPs feel their consultations are, and staff will be trained in signposting, as this is a mandatory part of a locality agreement.
4. New services in the locality:
	* In-house ultrasound service starting in next few months. Clinics will be at weekends.
	* JH explained direction of travel from Clinical Commissioning Group (CCG) is towards inter-practice working and bringing services into the community. Ideas from the group to bring to CCG discussions:
		+ Minor Injuries unit (the closest is currently Wharfedale)
		+ X-ray clinic
		+ Audiology
	* The inter-practice working also includes practices being encouraged to merge and move into shared premises. The group was unanimous in their feeling that this would not be in the patients’ interest.
	* Practice currently meets or exceeds targets, is financially stable and, most importantly, delivers a level of care that patients are highly satisfied with. The group agreed that there is no current need or reason for such change.
5. AOB:
	* RG brought information on Self-Care Week to see if there was something similar happening in Leeds. JH not aware of it but will look into it. This is certainly the focus of all future NHS healthcare.
	* Discussion on LBS’s “DNA” (Did Not Attend) policy as a waste of GP resource. Three consecutive DNAs produce a warning letter, one more DNA allows us to remove patient from the list. DNAs not a big problem at this practice, possibly due to reminder messages to mobile phones.
	* JH thanked members for their input and support. Patient involvement and gaining patient opinion is very helpful to the practice.