

**PATIENT GROUP MEETING AGENDA**

**12th October 2016 12.30-1.30PM**

Present: AP, AS, RG (patients)

Dr Anna Fox-Male (GP Registrar)

Lynn Maston (Practice Secretary)

Anne Pedley (Lead Practice Nurse)

Jane Heuston, (Practice Manager)

Minutes: Jane Heuston

1. Minutes from previous meeting and matters arising
	* Facebook page – advised by an online agency to use social media, but all students invited during the recent student registration period were disinterested in practice news or joining the patient group.
	* Practice website – a lot of work has been done on the content, but in 2017 Leeds West CCG is introducing a new generic website for all 37 practices which will act as a ‘portal’ for patients to access services, get information, contact their GP, etc. Laurel Bank may be a pilot site for the new website before it goes live.
	* Waiting room – new chair layout is an improvement with more access to patient leaflets, but issue remains of how to display leaflets so that patients do not feel self-conscious about browsing/picking them up. **ACTION: practice to try different locations of leaflets (entrance, opposite reception and back of waiting room) and rotate leaflet displays.**
	* Telephone system – practice achieved highest patient satisfaction in CCG for patient experience of making an appointment and accessing via telephone. The Reception team were commended by all for their treatment of patients and their willingness to help.

**ACTION: JH to feed this back to the staff at the monthly staff meeting.**

* + ‘Patient Access’ online booking system –
		- trial of opening up all GP appointments showed no problems reported by staff or patients, despite concerns about lack of availability to patients without internet access and an increased non-attendance rate.

**ACTION: To run another trial week commencing 17th Oct. AP to view this from the patient’s viewpoint and feedback.**

* + - It was commented that the website is not user-friendly.

**ACTION: Practice to try and view a patient’s Access screen and suggest improvements to Emis.**

* + Myppg website – despite advertisement, site not taken off.

**ACTION: practice to cancel subscription.**

1. Carers identification and promotion - Practice numbers of identified carers are artificially low. Practice wants to identify these patients for two reasons: external demand, but also because carers are more susceptible to mental health issues, they are entitled to free seasonal vaccinations such as flu, they can qualify for a carers grant, etc. Patients need to nominate themselves as carers via Carers Leeds.

Suggestions were discussed of how to improve identification and these will be trialled.

* **ACTION: Create a display in the waiting room to:**
	+ **educate patients in what a carer is**
	+ **encourage patients who feel it is a normal family responsibility to self-nominate.**
	+ **Inform them of what the benefits are.**
* **ACTION: Encourage GPs to hand over the yellow Carers Leeds joining forms opportunistically in surgery**
* **ACTION: Practice to look for another code (term for the clinical system) to identify those that care for another but do not wish to be formally named a Carer.**
* **ACTION: Practice to consult with Kirkstall Lane over their uptake and working practices to identify carers.**
1. Recent CEFP Patient Survey results –
	* Surgery undertook a patient survey in August 2016.
	* 93% of all patient ratings about the practice were good, very good or excellent.
	* The practice’s lowest scores were on waiting time in the surgery, ability to speak to a GP on the phone, comfort of waiting room, and seeing practitioner of choice. However, these were still high ratings.
	* The highest scores included respect shown to patients, warmth of greeting, reception staff and recommendation of surgery to others.
2. Nursing changes at Laurel Bank: Anne, our new Lead Nurse was introduced to the group. She completes a full 3-nurse team together with Grace and Becky.
3. Patient Leader
	* AS talked about his role as Patient Leader for the CCG, being a patient voice for projects the CCG is undertaking. He has been consulting on the new website/portal design. It was agreed that AS should continue to push to have a patient user test group which the CCG has not committed to yet, and to express he had the support of his practice’s patient group. AP volunteered to be a part of the test group.
	* JH briefly discussed the CCG’s plans to reconfigure the health service in West Leeds over the next 5 years to cope with the anticipated lack of GPs, with numbers of newly trained GPs falling. This involves greater inter-practice working with a possibility of sharing premises, sharing staff, and merging surgeries, with more nurse-led care for long-term conditions. The group felt this could threaten surgeries such as Laurel Bank which thrive with a sense of home, family and commitment. The group commented that continuity of care at Laurel Bank is high and ‘super surgeries’ could not deliver this. JH expressed concern that practice’s had not so far been given evidence of consultation with patients over the planned changes and asked if the group would be happy to submit comments, and all agreed.

**ACTION: JH to ask the CCG if they would consider a patient panel or consultation.**

1. Any other business:
	* AP raised question over installation of wi-fi. JH confirmed there is now free wi-fi available to patients and apologised that there are no notices up to inform patients.

**ACTION: Posters to go up in waiting rooms.**

Minutes to be posted on practice website.