**Patient Group Meeting Minutes**

**4th December 2018**

**Attendees**

* Dav
* Lisa
* Nicola
* Martin
* Doug
* David
* Noelle
* Winifred
* Barbara

**Apologies**

* Cath
* Adrian
* Sandra
* Tony

**Actions from previous minutes**

At the last meeting Dav was asked to provide 12 months’ worth of data regarding extended access at surgery. Dav has added this to his calendar for next year, however, we do report monthly to the MHH (My Health Huddersfield).

Dav was asked to invite a member of the pharmacy team to the next meeting but unfortunately no one is available today but we will get them to the next meeting. Dav has fedback previous issues to them.

**Action – Dav to invite a member of the pharmacy team to the next meeting.**

Fran has met with the CCG about the survey results and they were quite pleased with what we are doing. However, the patient group feel that we need to send a formal invitation stating that the patient group want to meet with them to have their say about the patient survey and what they want us to do to improve the results.

**Action – write to the CCG inviting them to meet with the patient group**.

Dav has looked at what people are currently using the website for (what pages were most visited). We have 16,000 patients, and in January we had 1900 monthly visits and in November 2150. Online registrations have not gone up at the same rate so that has not caused the increased. Visitors are looking 2.4 pages per visit, with the average session time being 1 minute 30 seconds. The home page had 33, 517 visits. Dav has contacted the CCG to find out what our contractual requirement are for the website. 40% of people hit the website on the home page, the second most visited page was do it online (online access) with 24,601 (28%) hits. The third most visited page was the contact us page with 5,512 (6%) hits. A member of the group suggested that we get rid of everything that is not used, apart from what we contractually need.

Other suggestions were to have a pop up that appears with useful information and to have everything on the home page. Another suggestion was to use the TV screen in the waiting room if we have a message we want to get across to patients.

**Action – Lisa to put a few copies of the patient leaflet in the waiting room.**

**Action – Dav to find out the contractual requirements and involve the patient group with changes.**

Nicola e-mailed all the members of the patient group asking them if they still want to be a member. We currently have around 67 patients on the list but only 5-10 patients come regular to the meetings. If patients have not responded by the 31st December they will be removed from the patient group mailing list.

A copy of the DNA letter was e-mailed to Martin but he has only managed to have a quick look at it. He was surprised at how well the letter was written.

At the last meeting the question was asked how many GP hours are we down and if we could recruit how many GPs would we recruit. Dav explained that ideally we would like two GPs to cover one and half full time equivalent. We can get locums in to cover appointments but unfortunately they do not do blood results, paperwork etc.

**Practice list**

On the back of our challenges to recruit we have put a request in to close the practice list. We did asked about 12 months ago and the CCG refused the application, however we have asked again and they have allowed us to close the list for 6 months. We are hoping it will reduce our list size but we are not sure what will happen after the 6 months are up. A question was asked how many new patients were registered in a week; Dav explained that we had approximately 25 new patient registration appointments every week.

**Boundary change work**

We have put an application in to reduce the practice boundary. Nicola and Lisa have been doing lots of engagement work around this and have identified all stakeholders who many have a view or be impacted by the proposed bound change. Our current boundary covers the following postcodes HD1, HD2, HD3, HD5, and HD6. The proposal is to change the boundary to not cover some areas of HD3 Edgerton, HD5 Colne Bridge and HD6 Rastrick and Brighouse. 201 patients who may be affected by this have been contacted via text or letter. This will not affect patients now (no one will be removed), however it may affect them in future if they move within the boundary area affected. We have also contacted GPs, schools, chemists, housing associations, care homes, local counsellors/MPs, and community centres/groups with the area. Information is available in the waiting room and on the website with a link to complete a survey.

The group was happy with the proposed boundary change; however a comment was made that all the patients should be informed and given the opportunity to complete the survey.

**Action – Nicola to e-mail the letter, poster and survey to the patient group.**

**Self-care week – stand in the waiting room**

In 2014 we introduced a care co-ordinator role within the practice which has gone down really well and she is really passionate about her role. She also looks at social isolation among patients. The next step from this is to promote more awareness of self-care, and sign posting. The idea is to have someone in the waiting room speaking to patients, asking them why they have come to the surgery today in order to establish if they could have gone elsewhere. We have put a stand in the waiting room with lots of self-care leaflets. Where possible we have a member of staff manning the stand at certain times of the day engaging with patients and handing out leaflets. It seems that a lot of patients were already aware about social prescribing and carer’s services. This indicates the care co-ordinator role has been affective in raising awareness. We are going to continue with the self-care stand.

**Friends and family test**

Noelle and Doug have been coming in to help complete these and the figures have increased dramatically. We used to get at the most 1-3 completed forms and since Noelle and Doug have been in the figures have increased to 18 in September, 72 in October and 42 in November. Noelle and Doug agreed to continue to come in once a month. Doug explained that he found the mornings are busy and he approaches patients in the waiting room, however Noelle catches patients on the way out.

**Action – when we have the updated contact list in January e-mail the group and see if we can get more patients to come to do the Friends and Family Test.**

**Action – Lisa to liaise with Noelle and Doug about the best time to come in to complete the Friends and Family Test.**

**Primary care networks**

This started about 3-4 months ago because NHS England decided to change the way they wanted GPs to work together. The GPs in this area were the red team prior to this and we used to meet every 3 months. GPs now work in groups with other practices, (forming a practice list size of 50,000 patients collaboratively) and we work together to share resources and best practice. We have had two meetings so far and the main idea from these meetings were increasing number of patients with online access, at the moment we have 23% of patients registered for online access and by March 2019 we need to be at 30%. Another idea was self-care and having a localised directory for referring patients to.

**Staff updates and recruitment**

Amanda, (Advanced Nurse Practitioner) left in November to go to another practice. The reason for leaving was more money and fewer hours so we are now down two Advanced Nurse Practitioners. We are currently trying to recruit but are not having much success. Dav has contacted some locum Advanced Nurse Practitioners who are willing to come in two days a week.

A pharmacist is going on maternity leave in early 2019 and cover has been arranged.

A member of admin is leaving at the end of December to go and work at the council and we are looking at backfilling her position.

We are also looking at roles within the operations team and looking at sharing some of our work in order to develop other staff members. This is designed to aid retention of staff.

**AOB**

A comment was made regarding the current recorded message which is Dr Tunstall, he sounds bored.

**Action – to either get Dr Tunstall or another GP to re-record the message.**

A comment was made that last year there was a lot of criticism about reception, however he feels it has improved.

Date of next meeting – to be advised.