Shaftesbury Medical Centre

Minutes from Patient Group Meeting on 15/2/12 at 5.30pm

Present:

Practice Staff- Dr Hayat, Dr Musa (Chair), Dr Nizamuddin, Mary Kane, Christine Barnes

Patient Representatives - Hasumati Bakrania (HB), Mark Biggs (MB), Jasawant Gohil (JG), Ann Loader (AL), Pamela Lesadd (PL).

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1. **Welcome and Introductions**

   Dr Musa welcomed patients and staff for attending. Introductions were made. Dr Musa outlined the purpose of the meeting which was following on from the last meeting that took place on 31/8/11. A brief summary of the last meeting was given. The main item to discuss was the draft survey present in the handout which after finalising would be rolled out to patients to complete to seek views and make practice changes where needed and where possible. Dr Musa also highlighted that the practice website contained the minutes of the previous meetings.

2. **Draft Survey Questionnaire**

   Dr Musa went through the draft survey and highlighted the need to keep it concise and simple but meaningful. The aim was to keep it to one side of paper. It was felt patients may be deterred if the survey was too long. This feeling was supported by the patients who agreed. It was also mentioned that this would be an ongoing process to try and seek patient views. The draft survey in its current form consists of 11 questions.

   J.G. commented he felt it was a good start and recommended to include ethnicity as a useful demographic in addition to the age and gender already on the draft survey. J.G also advised on an amendment in the wording of Q6.

   M.B. commented that all the questions appeared to be qualitative except Q10 . Dr Musa agreed with these comments and stated we were keen to understand from our patients if they were aware of our newly trained HCAs since they were to support the nursing team and were at the moment under utilised. M.B. also recommended adding a question in ascertaining the health needs of the patient completing eg any disability.

It was also discussed how patients would be accessed to complete the survey and that it would take some time. Patients attending the surgery would be encouraged to complete the survey. Surveys would also be sent to the Residential Care Home for the Elderly and Care Home for patients with Learning Difficulties that the surgery looked after. The Practice has also been developing a Virtual Reference Group and collating contacts details of patients keen to participate via post/email/phone. It was agreed that as wide a cross section as possible would be most representative of patient views. L.P raised a pertinent point if everyone had access to email since she did not. It was discussed that there were a spectrum of patients with different communication needs and forms of access. M.B offered that there was often quite good support from local libraries if someone wanted to develop IT skills. M.B also asked about the catchment area and whether most patients were local so that surveys could be hand delivered by volunteers if possible.

3. Peer Groups

Dr Musa provided an overview of the current situation in Harrow. There are 36 practices which have been grouped into 6 local peer groups to provide a supportive learning environment who meet monthly. Each practice still functions in an autonomous way. Also all the practices were part of the Harrow Clinical Commissioning Group (CCG) which has elected 7 local GPs to form the Clinical Commissioning Board (CCB) in existence since April 2011. This is a transition process until April 2013 when the PCT will no longer exist. The Harrow CCG is also collaborating with neighbouring groups in London since some resources such as management expertise would be shared . The budget is currently held by the PCT but would eventually be handed over to the CCB. This is all under the umbrella of NHS Commissioning with the Health and Social Care Bill.

4. QIPP Targets

The Department of Health has created new targets designed to improve quality and productivity in the NHS (QIPP). The current focus is on emergency admissions, 1st outpatient referrals and prescribing drugs. This was also being discussed and analysed in the Peer Groups. The aim is to provide a better service for better value with efficiency savings.

5. Developing the Patient Group

Dr Musa asked the patients about formalising the group which could take the lead with chairing the meetings and collaborating with the Surgery. The Surgery was keen to have patients involved and had been trying to recruit patients. J.G offered support in this process and suggested meeting with other patient groups to help us. Patient attendees (M.B., H.B) mentioned they would need to understand more what it would involve and what level of commitment. A.L offered practical help and support . P.L. queried what roles would be needed in the more formal patient group such as the need for a chair and secretary. M.B also suggested perhaps to add a Question about joining the patient group to the survey.

Dr Musa said that we would continue to strive to formalise the Patient Group but in the meantime the surgery would continue to host the meetings and welcomed everyone's input and support and attendance. It was hoped we could further develop the group which would be on voluntary grounds

6. Follow Up

It was felt consensus had been agreed with the draft survey and this would be rolled out to patients later in March. After sufficient surveys have been completed the data would be collated and drafted into a report that would be shared with patients at a follow up meeting in a few months and also publicised on the surgery website. Action points for appropriate changes would then be made following the Patient Survey.

In the meantime any patient volunteers would be welcomed to develop a formal Patient Group.

Dr Musa closed the meeting by thanking everyone's attendance and time and invaluable contribution to the meeting.