

Tuesday 21st January 1800-1930 hours
IWMP Patient Reference Group Meeting

Attendees:

Chris Lachmann (CML)	Marian Callender (MC)	Rachael Pengelly (RP)
Philip Chinque (PC)	Annika Gilljam (AG)	Bryan Thompson (BT)
David Morgan-Rees (DMR)	Sophie Latta (SL)	Geoff Brown (GB)

Agenda:

- 1) Apologies for Absence**

David Cockshoot	Sue Field	Pierre Richterich
Geoff Cawthra	Mike Gibbons	James Latta
- 2) Declaration of Interest**

None
- 3) Minutes of Last Meeting**

These were agreed as a true and accurate record.
- 4) Bryan Thompson – Governor, Airedale Teaching Hospital Foundation Trust**

Bryan has previously owned his own patient transport service and is now on the board of governors at Airedale. Bryan kindly came to talk to the group about his role within the NHS and his interest in improving patient service for IWMP patients at Airedale. He explained that he is able to take feedback from the meetings and the patients of IWMP to the board of governors at Airedale, of which he is a member. Feedback can be passed to BT through email. The board of governors meets quarterly at Airedale hospital. These meetings are open to the public. BT also explained that if IWMP PRG members would like to become a 'Member of Airedale,' he is happy to bring forms for individuals to sign up. BT will be attending future IWMP PRG meetings.
- 5) Practice profile – David Morgan-Rees**

David asked that some background to the Annual Patient Survey be given. Rachael explained that there are 4,500 patients on the IWMP list. She gave a breakdown of the patient list and also the staffing at the practice.
- 6) Results of the Annual Patient Survey 2013/14 – Rachael Pengelly**

RP explained to new members that the patient survey is conducted each year, and is mandatory. The survey collects feedback on how patients think the practice is performing, the results are then published and changes are made on the basis of the results.

The following items were discussed:

Question 1:

It was interesting to note that more women than men completed the questionnaire across all age groups registered at the practice.

Question 6:

The survey suggests that patients are happy with opening hours but lean towards a demand for weekend and evening opening. The option of extended hours was discussed and CML explained the difficulty practice has offering this. The surgery is small and despite having a good ratio of GPs to list size, out of hours appointments would pull capacity out of the week. It was agreed that the surgery would continue to review this going forwards and consider early evening appointments.

Question 8:

6% of patients stated they can't book an appointment in advance. This was a puzzling response as the practice has rotas (and appointments) available 6 months in advance. SystmOnline is also now up and running and patients can book an appointment through the internet. **It was agreed that this SystmOnline should be more widely advertised and as such added to the practice action plan.**

Question 12:

47.4% of patients stated that they would like to see appointments of different lengths offered to reduce waiting times. CML and RP explained that reception are now asking patients why they need an appointment so they can ensure they are directed to the most appropriate clinician and allocated an appropriate length of time. It was stated that some patients didn't understand why they were being asked. It was agreed that receptionists could inform the patient why they are asking for the reason for booking the appointment. **This was added to the practice action plan.**

Question 28:

There was general feedback that the waiting room was a little 'tired'. RP to organise new notice boards and leaflet holders. One of the boards could be used by the PPG and to promote self care. It was also highlighted that the chairs were worn and in need of recovering. **It was agreed that these points should also be added to the action plan.**

It was noted that there was consistently very positive feedback about the receptionists and the service patients receive at the practice. RP agreed to feed that back to the staff at the surgery.

7) How the PPG can improve the receiving of information from the registered patients

David M-R suggested that meetings could be held solely for suggesting ideas, similar to the interim meeting held in winter 2013.

Phillip suggested that increasing patient awareness of the PRG and it's aims could be important in gaining more members and/or feedback.

8) AOB

RP requested that members email her with any suggestions of what you would like to see on the website concerning self-care.

RP is to cascade members contact details via email.

9) Date of next meeting

The next meeting of the Group would be Tuesday 25th March at 1800. Meetings are to be held every two months.