

Name of Meeting **Streatham High Surgery Patient Reference Group**
Date 12.01.2012
Present Vanessa Douglas (VD) Director of Operations
Debbie Brown (DB) Practice Administrator
C Azare (CA) Practice Nurse
M.B Patient Representative
N.T Patient Representative
S.S Patient Representative
P.N Patient Representative
A.M Patient Representative
A.S Patient Representative
M.R Patient Representative

Apologies Dr H Abbasi GP Director
Dr F Hardo GP
M.K Patient Representative
L.S Patient Representative
D.C Patient Representative

Agenda Item	Notes	Actions
1. Purpose of the Patient Reference Group	VD explained that The Patient Reference Group has been established to build on the work of the original Streatham High Patient Group which was established in 2007. The Department of Health has set up a Scheme known as the Patient Participation DES to encourage patients to engage with their practices to look at how current and new services are developed in the future. This is at practice level – what we do here at the practice and more broadly how we work with other services to get the best outcomes and co-ordination of services for our patients - ultimately putting patients at the centre of our work.	

	<p>It is a requirement of the DES that the Group is formally constituted and that membership is reflective of the practice population.</p> <p>In practice, we want the Streatham High Patient Reference Group to act as one of the ways in which we can enable our patients and surgery staff to discuss and exchange information and suggestions and to ensure that patients are involved in the range and quality of services provided and overtime, commissioned by the practice.</p>	
<p>2. Membership of the Patient Reference Group</p>	<p>VD explained that the Group needs to be as representative as possible of the practice population e.g. age sex ethnicity social factors e.g. working unemployed carers etc. so that it reflects and gains the views of its registered patients and enables the practice to obtain feedback from a cross-section of the practice population. This has always proved a challenge for the practice. It was agreed that we should try and encourage membership further as time progresses. The Group is required to publish a profile of its Patient Group Representation. It was agreed that this would be published anonymously.</p>	<p>VD to review profile of practice to target Groups not currently represented on the Forum. Review next meeting</p> <p>DB to advertise Patient Reference Group with option of membership through email</p>
<p>3. Draft Terms of Reference (issued for discussion)</p>	<p>These were discussed and agreed by the Group.</p>	<p>Agreed Terms of Reference to be circulated with minutes and posted on Practice Website. Action DB</p>

<p>4. Patient Issues</p>	<p>Seating in Waiting Area. It was noted that seating space in Reception today was limited when the Group members arrived due to the Walk in Centre. DB advised that when the patients are being seen on the second floor for Walk In they should be seated upstairs. DB will remind Reception staff to ensure that patients are told to go upstairs for Walk In.</p>	<p>DB to remind Reception staff at SHS and The Exchange to ensure patients are seated upstairs on 2nd Floor when Walk in is running from that floor.</p>
	<p>Signage. The Patient Group commented on how signage had improved throughout the Walk in Centre e.g. for Pathology and LIFTS</p>	
	<p>Toilets. MB advised that the Toilets on the 1st Floor could be quite difficult for patients with a disability. DB advised that there is a Disabled Toilet next to Dr A's consulting room. It was agreed that this was poorly signposted. DB to liaise with Centre Manager to improve signage.</p>	<p>DB to liaise with Centre Manager to improve Signage for Disabled Toilet on 1st Floor.</p>
	<p>Response times to Phoning into the practice. Some patients had experienced difficulty on phoning through to the practice on some occasions. DB explained we had little control over the phone system itself as this was owned by the PCT and she was aware that when 20 calls were in queue this sometimes led to the phone system cutting out. The practice tries hard to ensure that there is sufficient staffing to prevent queue build up however at peak times e.g. first thing in the morning sometimes</p>	

	<p>demand exceeds capacity. The importance of asking patients if they could hold and waiting for a response from the patient before putting them on hold was identified as a possible risk if a patient was phoning with an emergency situation.</p> <p>It was agreed to undertake an audit of response to telephone calls and staff training and feedback on the outcomes to the next meeting</p>	<p>DB/VD Telephone audit to be completed by next meeting</p>
<p>5. Practice Issues</p>	<p>Practice training status VD said that since our approval as a Training Practice for F2 Drs and GP Registrars, the training programme has gone well. In addition to providing a good learning experience for prospective new GPs it also gives the practice additional Doctor appointments to help us with ensuring access for patients.</p>	
	<p>DNA Patients who do not attend for appointments continues to be a problem for the practice. The practice has introduced MJOG a text messaging service to send a reminder to patients who book an appointment >24 hrs in advance to assist us in reducing the amount of DNA appointments. We will be monitoring the effect of this new system</p>	
	<p>Engaging patients Discussion was held as to the best way to obtain patient views of our current services. It was agreed as a starting point to undertake</p>	<p>DB to conduct and analyze Patient Survey Results to discuss at the next meeting</p>

	the recognised GPAQ survey which covers a broad range of issues such as ease of getting an appointment, treatment by the receptionists, practice opening times, the Dr patient consultation experience to assist us in identifying priorities for the coming year	
6. AOB	None	
7. Date of Next Meeting	Tuesday 6 th March 2012 Agenda items will be posted as requested by the group 10 working days in advance to allow participants to add anything they would like to discuss.	