

**Minutes of Patient Reference Group (PRG) Meeting  
Held on Wednesday 14<sup>th</sup> January 2015 5:30pm – 6:30pm**

Present: L Hart (LH) – Chair  
N Sage (NS)  
P Sage (PS)  
J Nelki (JN)  
J Gerrish (JG)  
D Crayton (DC)  
C Trelawney-Ross (CTR)  
R Kendall (RK)  
Heather Carrigan (HC)

Notes taken by: Heather Carrigan

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**1. Apologies for Absence**

J Margrie (JM)  
J Barker (JB)

**2. Minutes of Last Meeting**

Approved.

**3. Matters Arising from the Minutes**

Electronic transfer of prescriptions to pharmacies (EPS2). LH drew members attention to the post-meeting note in the previous meeting's Minutes relating to this. HC confirmed that funding is available again to take this forward, but that that it must be as part of a cluster approach with other local practices. HC will keep members updated on progres with this project.

**4. Care Quality Commission (CQC)**

LH asked HC whether there have been on developments with CQC since the last meeting. HC responded that only in relation to the upgrade of the practice from a band 1 to a band 2 site (less risk, so an improvement in the rating).

**5. Friends and Family Test (FFT)**

HC reported that the first month of the FFT was positive with 103 responses, with 70 saying they would definitely recommend that practice to friends and family. Of the respondees, 15 said they would probably recommend the practice, the remainder said they were unsure and 1 said they definitely would not recommend the practice.

## **6. Online Access to Medical Records**

HC reported that she will shortly begin working with a small group of patients to pilot access to medical records. Access initially, is likely to be to medication, allergies and immunisation records. Access can be extended in discussion with and agreement of a patient's usual GP.

HC asked whether any of the Group members would be interested in joining the pilot, if so to let her know.

## **7. AOB**

Chairmanship of the Group. LH asked members to think about chairmanship of the Reference Group. The election, or re-election of the Chair, will fall due in April.

RK expressed a concern about the length of queue at Reception on some occasions. This was echoed by other members of the group. RK suggested that a ticket system to save patients queuing at the front desk might be an option. HC suggested Mel Templer meet with RK to talk through any concerns and ideas that she has. RK and Mel to feedback at next meeting. All agreed this is a good way forward.

Patient survey. HC thanked JN for her very constructive comments about the proposed survey and reported that after a re-think, the survey has now been re-designed to focus on the nurses. HC said the reasoning behind this is that the practice received an 'at risk' flag from CQC because of patient feedback in the national patient survey earlier in the year, in relation to how good the nurses were at involving patients in decisions about their care. HC said she felt that the results may have been 'skewed' by respondees answering on the basis of a blood clinic appointment with a Healthcare Assistant, where decisions about care would not be involved, rather than a consultation with one of the practice nurses. It would therefore, be worthwhile running the survey in-house, using the same questions but the questionnaires would be distributed to consecutive patients following consultation with the nurse. The results will reviewed and if indeed they highlight a training or development need, this will be addressed. The results will then be shared with the CQC at the practice visit together with a summary of the review and an action plan. Group members agreed this was a sensible way forward. HC will circulate the survey results as soon as available (*Interim results attached with Minutes*)

## **8. Date of next meeting**

Wednesday 18<sup>th</sup> February 2015; 5:30pm – 6:30pm at the Surgery.