

The *AshgrovePatient* Group

MINUTES of Meeting
 Thursday 15 September, 2016
 6.00 – 7.00pm

Present: Steve Carter (SC – Chair) Terry Hopper (TH), Pat Jones (PJ) Roy Davies (RD),
 Robert James (RJ), Roman Khalid (RK), Moira Moore (MM)

1.0	Apologies for Absence – Phil Woods, Graham Beard, Barbara Morgan, David Hardman, Neisha Gregg, Eluned Jones, Sylvia Jones, Colin Briggs, Ronald Jones,	
2.0	Confirmation of Minutes (14/07/16) - approved	
3.0	<p>Matters Arising (14/07/16)</p> <p>5.0 – Access – Patient Questionnaire – initial feedback following review by the Patient Group who attended July meeting was that overall the practice was performing well. However the overall subject of “Access” by the patients required ongoing work to find a reasonable balance between meeting the increasing demand v the available funded resource.</p> <p>5.0 – Access – Practice Website – the group had not yet had time to review the revamped practice website. However this is an area they will review during the next 6 months.</p> <p>6.0 – AOB Membership Listing – MM highlighted that it was disappointing to see that patients who had volunteered post the initial April meeting continued to be absent. However after some discussions it was agreed that unless apologies were given by the patient in questions that after 3 absences they would be removed from the membership listing. This would be reviewed and monitored by the Secretary and Chair.</p>	<p>All</p> <p>All</p> <p>PJ/SC</p>
4.0	<p>Appointment System – following a general discussion regarding the current appointment system and in particular surrounding children who become acutely unwell on the day in question. MM confirmed that ALL patients who become acutely unwell on the day in question will always have access to the emergency doctor who will triage their call, and if necessary ask them to attend surgery that day. The concerns raised regarding children, and in particular infants, again MM confirmed that ALL children are seen and if the parents are concerned and do not wish to wait for the emergency doctor to call them back for the initial call, that they bring them straight to surgery. The normal proviso remains that if they feel it is a life threatening illness that they contact the emergency services without delay. It was agreed that in line with the access work to review and monitor “access” with the Practice, that access to appointments on the day was a particular key area to highlight. MM asked as an aside the view of the patient group in relation to the appointment information leaflet published at the time of the changes to the appointment system last November. The feedback from the members present at the meeting was that it was clear and had nothing to add.</p>	All

5.0	<p>Access Project</p> <ul style="list-style-type: none"> • Launch of Patient Partner Telephone Service – initial feedback from the group is that the informational recording needs to be improved to make it more user friendly e.g. of how to key in their “date of birth”. In addition and support further comms to patients it was agreed that further information should be placed on both the practice website and the TV display within the surgery. SC volunteered to make a short video to aid this. MM to co-ordinate 	MM/SC
6.0	<p>Meeting Schedule for 2017 – MM confirmed that the plan would be to meet quarterly going forward as it was a given that this year required more frequent meetings whilst the group and the roles were bedding in. Therefore it was agreed that meeting remain 6.00 – 7.00pm unless otherwise agreed and would take place as follows</p> <ul style="list-style-type: none"> o 19 January, 2017 o 27 April, 2017 o 13 July, 2017 o 19 Oct, 2017 	All
7.0	<p>AOB –</p> <ul style="list-style-type: none"> • Community Health Council – SC highlighted that he had recently agreed to be a member of the local CHC branch, and had discussed this with MM, who did not feel that there was any conflict of interest. Rather that it complimented and strengthened his role of “Chair” of the Ashgrove Patient Group. The rest of the members present agreed. MM outlined that she was now in a position to share the recent CHC report following their visit to the Practice earlier in the summer. MM would welcome feedback from the group and asked if this could be provided to PJ to collate and share at the next patient group meeting. MM reminded the group that the CHC would be attending the meeting in November to provide an overview of the services they provide as patient advocates and hold a Question and Answer session. Therefore the majority of the meeting would be taken up by this agenda item. However so that we continue to work on the other tasks it was agreed that these could continue in the background over the winter months, as the next meeting would not take place until January. • Language Interpreter Service at the Practice – RK would be keen to work with the practice to raise awareness of this service and how it can be accessed. MM welcomed the input and would arrange for a member of her team, Sarah Powell, to contact RK to drive this forward. MM outlined some of the improvements that Welsh Government were developing for patients with Sensory Loss and hopefully this would lead to additional improvements in the way the language interpreter service was also evolved. 	All MM/RK

Dates of Future Meetings – 6.00 – 7.00pm
17 November, 2016