

# MINUTES

# PATIENT REFERENCE GROUP

26.5.11

## **Attended:**

Norman Wharton, Linda Carver, Isabelle Peters (PRG), Karen Reed (Practice Manager), Charles Parker, Becky Foljambe, and Liz Chappelow (GPs)

## **Introductions and thanks for "being volunteered"!**

## **Explanation of the need for a PRG and brief description of its role.**

## **Discussion on how to achieve a representative manageable sized PRG**

24% of our population is under 16yrs of which 23% live at Alanbrooke Barracks

20% are between 17 and 34yrs of which 17% live at Alanbrooke Barracks

36% are between 35 and 45yrs of which 14% live at Alanbrooke Barracks

26% are between 45 and 64yrs

15% are over 65yrs

11% of our population lives at Alanbrooke, of which half are children and the rest young mothers.

Very few of the men are registered at the practice, although there is now some social housing separate to the army.

We have 38 people coded as being a carer

90% of patients are dispensing, 10% non-dispensing

97% of our patients who have been coded for ethnicity are white British.

We decided to aim for a PRG of 10 people, invited to join the group, aiming to cover the relevant age groups and locations, but also including some carers and people with disabilities or long term conditions. (list appended of potential people to ask)

## **Exploration on ways to achieve 2 way communications**

Use of posters and suggestion box in both waiting rooms (**Liz**), the practice news letter (**Charles**), the local "Tatler" magazine (**Charles**) and use of the website (**Karen**) (this will require opening up the email facility and ensuring someone checks the in box regularly and ensure it is for patient feedback only).

We could modify the new patient questionnaire to include an email address and ask "if you would like to be asked for your opinion on changes to the practice, how would you like to be contacted?" (**Liz/Karen**)

Becky had looked into the costs of AM screen TVs (2x£650) which would provide health education, some local advertising and some space for our own messages. Andy Ireson at the PCT has 2 TV screens, but we would need to find our own content. **Liz** will find out what the Middlesbrough practices use.

Linda, Norman and Isabelle will try and use word of mouth to glean thoughts and ideas about the practice.

We will attempt to start to set up a “virtual PRG” as this may be a better way of reaching our younger working population or housebound, although it is by nature not representative and limited in the debate that can be had.

We could positively target certain groups (e.g. carers, housebound) by flier/ letter/ phone/ email etc depending on the issues

### **Annual patient questionnaire**

The conclusion was to use the IPQ questionnaire again, at least for the first year, whilst we find our feet. We can add 5 additional questions which they will analyze on our behalf. One of these could be “what questions do you want us to ask next year?” We hope to have started to glean ideas from the above methods for our next meeting in July.

**Next meeting:                      Mid July**

## **Potential “volunteers” to be approached:**

Aim for 10 in total, mixture of males and females and carers/ long term conditions

2 over 65

4 35-64 age group

4 17-34 age group (as they also represent their kids)

Norman Wharton (retired) agreed

Linda Carver (retired) agreed

Isabelle Peters (young/middle aged, young kids) agreed

Charlotte Graham (

Edwin Renahan

Nikoline Stansfield (carer and chronic disease)

Dean/ Mark Watson (young males, Asenby)

Beverley or Paul Shepherd (chronic disease)

Alanbrooke

Mrs Dupuy

Dawn Rogers

Mrs Hamilton

Thirsk

Hayton

Flanigan (young mum)

Dean