

**MINUTES OF PATIENT FORUM  
HELD  
MONDAY 3<sup>rd</sup> February 2020**

**Present: 11 members attended    2 apologies**

**Practice team present**

Gill Siddons Assistant Manager (Chair)  
Suzanne,( Reception Manager)  
Sarah Neil ( Sheffield CCG) Quality Manager for Patient Experience

| <b>Agenda items</b>     | <b>Notes</b>   |
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| Welcome                 | Gill welcomed everyone to the meeting and thanked everyone for attending.  |
| Patient charter         | <p>Sarah Neil came to talk to the group about our patient charter and asked if the group should review the wording and the format. Sarah had visited the practice and seen the charter. In her role as Quality Manager for Patient experience at NHS Sheffield , Sarah can advise practices about improving the patient experience and improving the results of the national patient survey.</p> <p>The group discussed the charter and how it compared to one from another practice. It was agreed that the format of the one from the other practice was more pleasing to the eye and had a slightly friendlier tone. It was noted that the current charter was developed from issues in the practice. The group wanted the main content of our charter to remain the same.</p> <p>A copy of the other practice's charter is to be sent out with the minutes of this meeting. The forum are to send comments on the two charters by 1<sup>st</sup> April so Gill can collate them ready for a draft being available at the next meeting. Sarah to attend the next meeting. Gill will contact forum members if clarification of the comments is needed.</p> |
| Minutes of last meeting | <p>The minutes of the last meeting were reviewed.</p> <p>Care Navigation. Suzanne had discussed the comments made by the forum and was ensuring all the team used care navigation.</p> <p>At the last meeting the forum commented that staff name badges could not always be seen. Suzanne has reminded the team about their badges.</p> <p>The practice had sent several Zero tolerance letters to patients where their behaviour was not acceptable. The practice adheres by guidance about patient behaviour and can either ask patients to register at another practice or have the patient removed from the practice list should recurrent incidences or severe incidents happen.</p>   |

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| Phones                                   | <p>Over the couple of weeks prior to the meeting, the practice had experienced problems with the phone system. This was a national BT issue and out of the control of the practice. The practice had put a message on the S13 Facebook Page and apologised to patients for any inconvenience caused.</p> <p>The group appreciated the message on the phones from Dr Anumba but wondered if this could be shortened. This comment will be reviewed by the practice in time for the next meeting.</p>   |
| Social media                             | <p>The practice is still looking into setting up a Facebook page and how this can be used to inform patients of issues in the practice or new initiatives..</p> <p>It was recognised that not everyone is on Facebook but that the page would be useful for some people.</p>  |
| Patient surveys                          | <p>The National Patient Survey is an independent survey that is posted to a random selection of patient's homes between now and end March 2020. It is a long survey which is collated by MORI and the results made public.</p> <p>The practice is also conducting an in-house survey for patients that use the practice. The survey is a shortened version of the national survey.</p> <p>The practice will collate the results and compare with the national survey results. The forum thought this was a very good idea.</p>  |
| Actions from comments on patient surveys | <p>The practice has been monitoring the comments from the in house patient survey. The main issues seem to be around getting through on the phones and the length of time patients are waiting. The practice acknowledges this and may be looking to assign an extra receptionist to reception to help answer the phones at peak times. This is usually between 8am and 10am. This will mean the phone calls could get answered quicker but this will not alter the amount of appointments available. The forum acknowledged this action .</p>  |
| Workforce and tasks                      | <p>The practice is continually looking at ways to improve the efficiency of the practice. The demand in patient expectation and what we deliver is increasing. With this in mind, the practice would like to open up the conversation around what tasks or serviced the practice could stop doing.</p> <p>It was agreed that the group would ask round the community and continue the discussion at the next meeting.</p>   |
| DNA                                      | <p>DNA rates were discussed. Looking at the DNA rates for last week vs rates for the same week last year, down on last year slightly. In the week 27<sup>th</sup> January to 31<sup>st</sup> January 2020. 820 minutes had been lost by patients not cancelling appointments. That equates to 82, ten minute GP appointments.</p> <p>The group wanted the practice to look at the text message sent out that reminds patients of their appointment to see if it included an option to cancel by text.</p> <p>If patients book appointments online then do not attend on a regular basis, the practice may consider revoking on line booking of appointments</p> |

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|                                   | <p>for that patient.</p> <p>If a patient continually does not attend appointments , the practice sends a letter to the patient reminding them of the importance of cancelling appointments.</p> <p>The forum wanted more detail on the figures. It was agreed that another week of figures would be discussed at the next meeting, a very small audit on a sample of patients who did not cancel would be carried out to analyse reasons why people did not cancel or did not attend, and the age range of patients who did not attend.</p> <p>The forum wanted the practice to look at the cancellation message on the phones to see if this could be said when the lines were engaged.</p> |
| Supply of medication              | <p>Ranitidine and HRT (Hormone replacement therapies) are now in short supply. There is no direct alternative and if patients have tried other pharmacies then a GP will look at a patient's notes to see if there is any alternative, HRT, Adcal D3 is also in short supply but there is an alternative that we can prescribe. This does not need a GP appointment.</p> <p>For the majority of medication supply issues, a GP appointment is not needed.</p>  |
| Coronavirus                       | <p>NHS England guidance arrives by email on a regular basis. The email account is monitored regularly and any new information passed to clinicians. Usually within two hours of arrival at the practice.</p>   |
| Volunteer                         | <p>Unfortunately the volunteer that was assigned to the practice is no longer able to attend. The practice is looking for another volunteer to help with admin tasks and patient surveys</p> <p>The practice would still like to attend community groups to talk about how the practice works and the patient charter however it sees patient care as priority and at the moment there is no time to do this. This may be something a volunteer could do. The forum agreed with this.</p>  |
| Online access                     | <p>Can reception vouch for patients they know or do they need photo access. The forum asked the practice to look into this.</p>  |
| Pharmacy pilot for minor ailments | <p>The practice is involved in a pilot with local pharmacies. If a patient either rings up or comes to reception with a problem that the reception team feel can be dealt with at the pharmacy, they can do a referral to the pharmacy. The pharmacist can access the patient and either, give them advice, sell them medication, issue medication on the minor ailments scheme, advise them to seek help at the hospital or ring the GP practice to get the next routine appointment for the patient.</p> <p>This is also been trialled by the 111 service.</p>   |
| Process for blood taking          | <p>The practice is setting a cross section of the team to look at the administrative process of taking blood from patients. The group will look at what we do now and if the system can be improved. The forum thought</p>   |

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|                        | <p>this was a good idea and would welcome feedback at the next meeting.</p>  |
| Physicians associate   | <p>The group was unsure about what conditions a physician associate could see.</p> <p>Below is the list of what a Physician's associate can see.</p> <p>Chest/throat/flu/sinusitis.Coughs and colds,Fevers,Ear infections,Urinary Tract Infections (UTI) ,Thrush,Skin infections/abscesses/wound infections,Moles,Skin lumps ,Rashes.Breast lumps,Joint pains, Exacerbation of COPD/Asthma (not reviews),Abdominal pain,Indigestion/reflux,Constipation/diarrhoea/vomiting,Piles,Eye infections,Scabies,Headaches/dizziness,Allergies/hayfever,Blood pressure,Sexual health/infections,Emergency contraception,Pill reviews</p>  |
| New Diabetes diagnosis | <p>The nursing team wanted the opinion of the patient forum on how to inform patients of their new diagnosis of diabetes. At the moment a blood test is completed at the practice once it is suspected a patient has diabetes. The patient is informed why this test is being completed.</p> <p>The result is reviewed by the nurses who will access if any action is needed and how urgent the action needs to happen. The nurse phones the patient to inform them of the diagnosis and next steps and if necessary will offer an appointment with a nurse. They may even start medication. This can all be completed in one week.</p> <p>The nurses had received a few comments from patients about this process and wanted to ask the forum if there is anything they should change? Or should they send a letter without phoning.</p> <p>The forum thought this process gave an excellent service. The only comment they would make would be to give a time when a possible phone call may happen.</p> |
|                        | <p>Date of next meeting <b>Monday 27<sup>th</sup> April 2020 at 6pm at the practice.</b></p>   |