

**MINUTES OF PATIENT FORUM**  
**HELD**  
**MONDAY 29<sup>th</sup> April 2019**

**Present: 14 members attended**

Gill Siddons Assistant Manager (Chair)  
 Suzanne, Reception Manager  
 Lynn, Secretary

<b>Agenda items</b>	<b>Notes</b>
Welcome	Gill welcomed everyone to the meeting and thanked everyone for attending.
Minutes of last meeting	<p>These were passed by the forum.</p> <p>NHS digital attended last meeting and was found to be very helpful.</p> <p>The forum members were thanked for the support for the Hub, which is the out of hours satellite unit run by Primary Care Sheffield. New contracts are given for one year but can be cancelled with 3 months' notice. We are trying very hard to keep the Hub here as it is very busy and well run. It was discussed that appointments are pre-bookable. These appointments have to be triaged by a GP. This means that before a pre-bookable appointment is offered a GP has to be contacted so they can give authorisation to use the appointment. There is always a GP but not always a nurse or HCA working in the Hub. Gill explained how good it was especially for carers if used at the weekends as it is quieter, more accessible for parking. The forum asked if it could be offered more information on how to book and how a leaflet would be useful. Gill will look into this.</p>
New F2 and Registrars	We have new doctors at the practice, Dr Josie Reynolds, Dr Lewis Powell and Dr Roly who are GP Registrars. These are doctors who are training to be a GP. Dr Sharrock and Dr Zyad who are F2 doctors and who are doing a placement with us.
Physicians Associate	We discussed the new Physicians Associate who had now started at the Practice, Clara. She can be booked on the day by phoning the surgery at 8am and has four 30 minute appointments in the morning and 4 in the afternoon. She works every day apart from Monday. She is similar to a First Contact Practitioner. Different surgeries use the Physicians associates in different ways. The practice will be looking at developing the physician associate role.
Letting Patients in early	Gill talked to the group about letting patients in early. This had been discussed before and agreed by the forum not to let patients in early. It was discussed how the reception staff had let patients in early but had suffered a lot of abuse and grief from patients. It was asked maybe could

	<p>we be open 5 minutes before so patients could use the self-check in screen, Suzanne explained that if patients had early appointments then at the point of booking they were asked to ring the bell to obtain admission to the practice and also a notice was on the door.</p> <p>It was discussed that most of the patients who were in the queue were there to book an appointment. The forum agreed that patients would not be let in early.</p>
<p>Staff Incident forms</p>	<p>It was discussed that the reception team fill in a staff incident form if they have suffered abusive behaviour from a patient. These are only filled in if staff have suffered excessive abuse. The forms are passed to Gill and then are reviewed by a GP, if passed by a GP then and only then will a letter be sent to the patient. It was asked if patients' medical conditions were taken into account i.e mental health issues. The forum was assured this was the case and this was also why the forms were passed to GP's. The NHS guidance is that if a patient has had a letter and a further incident occurs, which results in a further letter within 12 months, we can ask them to leave the practice because the relationship between the practice and the patient has broken down.</p> <p>Reception staff are continually been shouted and swore at and whilst we appreciate it is out of frustration, at not been able to book an appointment or GP's running over, it was agreed that this was not acceptable behaviour. It was discussed that the screens were put up for this reason and also because staff had had things thrown at them. The screens had been put up 12 months ago.</p> <p>The forum discussed the charter, what we expect from patients as well as what patients expect from us. We have a zero tolerance policy at the surgery and it was suggested we could have a sign displayed prominently like the signs in the hospitals – choose your treatment whereby there is a picture of a GP, nurse or policeman. Gill and Suzanne will look into this. It was asked if this could also be put on the website as well as displayed in surgery.</p>
<p>Online appointments</p>	<p>We discussed the national directive of online appointments and the fact that we are increasing this to 25% of appointments to be available by June 2019. This means GP, nurse and HCA appointments will be available to book online. It was discussed how appointments booked online are sometimes booked inappropriately. The group asked if maybe there could be a prompt – would a nurse be able to help. We accepted that there would be teething problems and Gill asked for everyone to take this into account. The group voiced concern about online services and the fact that to access it patients need photo ID and not everyone has this now. Gill and Suzanne would look into other methods i.e. birth certificate but patients are to be aware new GDPR rules around identity.</p>
<p>111 appointments</p>	<p>From June 2019 we also have to reserve two appointments for anyone contacting 111 and that this would reduce our capacity for bookable appointments. This again is a national directive which the practice has to comply with.</p>

NHS App	<p>From May the new NHS App will be implemented over the next few months. This will enable patients to book appointments through their phone.</p>
<p>Care Navigation/situation of practice team/ Appointments/statistics</p>	<p>Suzanne explained receptionists are now care navigators and their role which is to direct patients to the appropriate health care professional. She explained that everyone in Sheffield now has the same template, which she passed around for the group to read, so we are all using the same and that receptionist nationwide were now using a template of some kind. There is a national shortage of GP's because of all the pressures involved in being a GP. Suzanne explained that not everyone needs to see a GP and there are other health care professionals and services who have been introduced to relieve the pressure of GP surgeries. She explained who we can navigate to, Nurse Practitioners, Physicians associate, pharmacy, walk in centre, A&amp;E, 111, district nurses, community support workers, IAPT and also opticians via the PEARS service. This is a pre-bookable appointment with an optician which patients can make by themselves.</p> <p>Suzanne explained that she went to a meeting every 1-2 months for updates and that all staff have had care navigation training and there is more training available. We have been advised that there would be a promotional campaign on this but we have not received anything yet.</p> <p>The group asked about follow up appointments with a GP and voiced concerns that if GP's were making follow up appointments themselves it was cutting down available appointments on the day. The group agreed that care navigation needed to be promoted more, posters in surgery and to be put onto the website, Gill is going to look into this.</p> <p>Gill explained that she is trying to get into the community to promote Care Navigation and has an appointment in Woodhouse West School to speak to some parents. She is happy to speak to any of the other schools in the area also if this can be arranged.</p> <p>Some members of the forum expressed concerns that a significant amount of the patients would be left behind as they were not au fait with technology especially most of the residents in Brunswick Gardens and asked if Gill could also go into there and talk to the team and the nurse.</p> <p>Gill handed out a leaflet with statistics which highlighted that we are taking 50% more calls at the practice and that we needed 10 and a half hours extra reception time per day. A new receptionist had been employed which had increased the number of receptionist taking phone calls from 4 to 5. The acute prescription requests, items not on repeat prescription, which Gill and the GP's deal with has increased by 62 per day and she explained that these range from something which she can deal with in a couple of minutes to one she gave an example of which took her all morning because she needed information from the hospital which took all morning to acquire. She explained that most of the hospital letters came into the practice electronically now and that the admin staff had had training to deal with this which cut down the amount of post the GP's actually had to read. The group were surprised that this had only</p>

	<p>just happened and did not realise the GP's had to go through all the post. GP's now only saw about 20% of the post they had in the past.</p> <p>The group discussed that appointments being released at 8am in a morning were unfair for workers and mums who are trying to get children ready to go to school; they asked if appointment release times could be staggered e.g. 8am, 9.30 and 2pm. They again expressed frustration about not being able to get an appointment but it was agreed that unfortunately whatever system we used it was always going to be unsuitable for some patients.</p> <p>Gill asked if anyone had heard about the leaflet "When do I Worry" as this was a very informative leaflet .The patient survey had been launched on 29<sup>th</sup> April. It asked 3 different questions this time. These were around if patients wanted longer appointments but less of them, choice of appointments offered and if patients are happy with the choice given. The group asked if some information, as well as being in surgery and on the website, could also be put onto Woodhouse Forum and on social media and to share links.</p>
Thank you	Gill thanked everyone for attending and for the generous offers of support for the practice.
Date of next meeting	Monday 5 <sup>th</sup> August 6pm at the practice