

**WOODHOUSE HEALTH CENTRE
5-7 SKELTON LANE, WOODHOUSE, SHEFFIELD, S13 7LY**

**MINUTES OF PATIENT FORUM
HELD
MONDAY 11th December 2017**

Present:

Miss Y Tolliday	Ms J Parker
Mr. R Chisholm	Mr H Constable
Mrs P Kilner	Ms A Kennedy

Apologies, Mrs C Hodkin, Mr R Webb, Ms P McCartney Mrs M Constable, Ms B Lee
Ms D Mackman, Mrs J Longstone-Hull, Mrs L Randall, Mrs M Wheeler

Mrs G Siddons, Assistant Manager/Pharmacy Technician -
Mr Howard Constable (Chair)

Agenda items	Notes
Welcome	Howard welcomed everyone to the meeting and thanked everyone for attending especially in the bad weather.
Review of minutes	The minutes of the last meeting were passed.
Social Prescribing	<p>Kathryn Taylor from the Woodhouse and District forum came to give the group a talk on Social Prescribing.</p> <p>Woodhouse & District Community Forum has successfully secured a tender to Develop Partnerships and deliver Social Prescribing for Townships 1 & 2. The funding is for 2 years and will fund a second Health Trainer and Project Worker. We hope that GP's and their staff will see the benefit of a complementary service running in the community and refer into it using the Health Trainer.</p> <p>There are many agencies and organisations that will deliver in and around the Townships, maximising the benefit to members of our community.</p>
Building	Building work has now started. It is due to be completed by May 2018. The builders are hoping to have the roof on by the Christmas Break. Some spaces in the car park have been taken by the builders and notices put up directing patients as there have been some safety issues.
Prescribing	<p>Sheffield CCG has decided to stop the prescribing of gluten free items on prescription. One member noted how expensive this was and that some of the prices had risen as a result of the NHS stopping prescribing not only in Sheffield but in most parts of the country.</p> <p>There are still plenty of requests for paracetamol. We are still monitoring and asking patients to buy them where possible.</p> <p>The group had a discussion around the state of the NHS and that some aspects did need to stop in order to protect the services we have.</p>
Nursing team update	<p>The nursing team had prepared an update for the forum. A copy of this is attached to these minutes.</p> <p>The group really welcomed the SMA and thought they worked really well. The</p>

	<p>group passed on their thanks to the nursing team.</p> <p>A forum member suggested a possible group for SMA would be a pain clinic.</p>
New Partner	Dr Attwood will be a partner at the practice from January 2018
Access to practice	<p>The practice is now open on Thursday afternoons. The only time we close for admin now is Monday between 1pm and 2pm.</p> <p>The forum was asked their thoughts on the new opening times and it was agreed that these are acceptable opening times for the practice. The forum welcomed these changes and thanked the practice for extending the opening times.</p>
New GPs	The new registrars are Dr Q Huang and Dr Jennifer Bayliss. Our new F2 are Dr Caroline Dwyer and Dr Mary Prescott.
Urgent care	<p>The urgent care consultation has now been extended to January. The forum was encouraged to get other patients to look into this and express their opinions. The forum discussed urgent care and that if they felt strongly about the changes they should communicate their feelings to whichever body they felt was appropriate.</p> <p>One forum member had phoned the CCG and had a booklet sent out. The others thought this was a good idea and were planning on doing the same.</p>
Care Navigation	<p>The majority of the practice reception team had been on a full day training course about how to signpost patients to the correct service. A new phone message will be recorded that will inform patients that the team will be asking more questions so that each patient is directed to the most appropriate service .</p> <p>The forum thought this was a great way forward and commented that appointments were valuable and needed to be used in the most appropriate way possible.</p>
Dressings	<p>Patients being discharged from hospital often need dressing changes and monitoring. Some of these can be complex and can take up to an hour per person. If a patient is not housebound then this work is directed to the GP practice. Wherever possible the practice will fit the patient in even if this means seeing the patient as an extra at the end of clinics. If this is not possible then the patient may be directed to the Walk In Centre. This is not something we do without careful thought.</p> <p>The forum agreed the situation was not ideal and that some clarity was needed as to what criteria patients have to fit in order to be classed as housebound. The group also discussed that asking patients to attend a local practice that may have a dressing clinic may be a better option than asking patients to go into town.</p>
Patients getting appointments at other practices	<p>One forum member asked for clarification from a previous meeting when a CCG representative mentioned about patients going to other practices if they had appointments and this practice didn't.</p> <p>Gill explained that the practice had put on extra appointments to cope with winter pressures and that along with the satellite we would hope that this would be a rare event. However it would still be an option to consider if the patient needed to</p>

	be seen.
Christmas Ordering for prescriptions	The forum asked when patients could order prescriptions for the Christmas holidays. Patients can order from next week however if a patient is going away they just need to put a note on the bottom of the prescription and the request will be completed early.
Gritting	Concern was raised about the path from the car park to the practice during bad weather. Gill reassured the forum that the paths were checked regularly during the icy weather and gritted when needed
Date of next meeting	Monday 5 th March 2017. At the request of the forum this meeting will be dedicated to the appointment system.

Update from Lesley and Kathryn (Nurse Team Leaders)

SMA (Shared Medical Appointments)

Kathryn & Lesley ran our 3rd SMA on Thursday 7th Dec 2017

Kathryn & Lesley decided to run a Chronic Obstructive Pulmonary Disease (COPD) SMA for patients who were identified as “frequent exacerbators”.

These were patients that had required multiple GP/first contact nurse appointments to be prescribed more than two courses of antibiotics/and or oral steroids in the last twelve month period. We firstly discussed how we were going to recruit the patients, and how we would to run the session. Our recruitment of patients to the previous two SMAs had been very successful, so we decided to recruit via the telephone. We worked our way down the list and we telephoned the patients instead of sending letters. This gave us chance to explain what the SMA was all about & also gave the patient chance to ask any questions. We managed to recruit seven patients.

We arranged for them to get their spirometry/COPD6 test, bloods and any outstanding biometrics taken. We sent them an invitation letter, a confidentiality form for them to sign, and a patient activation measure (PAM) score sheet to bring back to the SMA.

When all the requested test results were back, we wrote all the results on a large whiteboard with the patient’s initials. These included:

- the diagnosis
- FEV1%
- smoking status
- MRC breathlessness scale
- Oxygen saturation levels

- COPD treatment
- Total number of antibiotics and oral steroids in the last year
- Flu and pneumonia vaccine
- Date attended pulmonary rehabilitation
- Date of last bone scan (if applicable)
- Blood Pressure
- Body Mass Index
- Blood results

This allowed the patient to see their own results, and also how they compared to the rest of the group.

Five patients attended the session. A wife of one of the men, and a daughter of one of the women also attended. The group total was seven.

One patient rang to cancel his appointment that morning due to illness and one patient failed to attend. We also had a practice nurse colleague and community matron sat in observing the SMA.

Lesley started the session by thanking everyone for coming. Lesley discussed some basic housekeeping rules re fire exits & making sure mobile were switched off or on silent. Lesley reinforced the importance of confidentiality, and all the confidentiality forms were collected. Lesley requested that everyone remained quiet when another group member was talking. This allowed everyone's voice to be heard.

Lesley outlined how the session was going to be run. We were going to start with a basic explanation of what all the results meant individually. This would take approx. 30 minutes. Kathryn was then going to have a 5 minute appointment with each patient. All the remaining patients could hear what was being said at each other's consultation. All the patients were encouraged to think of a question & write it on a post it note. It was hoped that some of these questions may be answered during the SMA. If not, there would be approx. 15 minutes at the end to answer any other questions. Patients were made aware that the session would end at 3pm. Patients were informed that we were going to be quite strict with the time keeping to get through the agenda and allow all patients to be seen individually and get finished on time. Lesley was the time keeper. At this point, Lesley asked if anyone wanted to leave. Everyone opted to stay for the SMA.

We started the session by asking if everyone would introduce themselves and gave them a name badge to wear.

Kathryn delivered an education session, lasting approximately thirty minutes. She covered all the bullet points as previously mentioned. She discussed each bullet point individually, and checked the groups understanding after each point. Particular emphasis was placed on antibiotic and oral steroid

prescribing, benefits of attending pulmonary rehabilitation and the impact of smoking and COPD progression.

Each patient was given a copy of their own results and an individual COPD self-management plan to take home and refer back. Kathryn proceeded to have an individual five minute consultation with each of group, one after the other. Lesley was keeping Kathryn to time. We had to stop two patients after their five minutes. Kathryn asked all the patients individually what they thought about their own results, and she discussed a management plan with each patient. Having had more time initially to discuss with the group what each test result meant, allowed the patient to question their own results at their individual appointment.

When all five patients had been consulted individually, we summarised the session and quickly answered any outstanding questions. We asked all the patients to fill in an evaluation form and the results were collated.

The session did over-run by five minutes; we did however keep to a strict five minutes per patient individual consultation. We did not see this as a negative really, as all the patients were interacting with one another and were getting their questions answered.

The whole idea of SMAs is to try to increase the clinician's productivity, quality and cost/time effectiveness. It's also an opportunity to get to know patients better in an interactive setting.

All five patients were sent a follow up letter to thank them for attending the SMA and it also summarised their key points and any future action to be taken.