

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

**MINUTES OF PATIENT FORUM**  
**HELD**  
**TUESDAY 2<sup>nd</sup> December 2014**

**Present:**

Mr R Webb	Ms G Randall
Mr. R Chisholm	Ms P McCartney
Ms B Lee	Mr J Glaves
Mr H Constable	Mrs L Bottomley
Ms L Needles	Mrs J Longstone-Hull
Ms A Kennedy	Mrs C Hodkin
Mrs L Bottomley	Ms A Fearn

**Apologies**, Mrs M Littlewood, Miss J Wilkinson Mr. P Flaherty Mrs S Mathers Mr R Flewitt Mrs B Carr Ms D Mackman Mrs E Kirby, Mrs P Kilner

Mrs G Siddons, Assistant Manager/Pharmacy Technician - Chair  
 Dr R Marsden Registrar GP

Agenda items	Notes	Action
Welcome	Gill welcomed everyone to the meeting and thanked everyone for attending.	
Care Homes	Gill reminded the group that care homes are a valuable part of our practice population and are always invited to the forum meeting .All the care homes were phoned to remind them of this meeting and to invite their representatives to attend. No care home representatives were present.	
Review of notes from last meeting	<p>Disabled car parking space. Following the last meeting a consultation with the partners has resulted in an agreement to look at providing another disabled car parking space. The preference of the forum is to have the disabled space in the corner of car park by 9 Skelton Lane. This would enable the corner of the car park that cannot be used at the moment to be used.</p> <p>Patients not attending appointments. The number of patients that did not attend appointments was now added as a rolling message to the TV screen. This is changed each week. Gill reported that following comments from the forum, the practice had improved the system for reviewing patients who do not attend appointments. This week 4 patients had been reviewed by the doctors for not attending and not cancelling appointments. 3 of these patients had been sent letters asking them to register at another practice. One of these patients had not attended 11 appointments in the last 12 months. The forums want this information published in the practice.</p> <p>The results of the questionnaire to be discussed later in the meeting.</p> <p>Gill Informed the forum that comments made from the forum were</p>	Gill to look at practice publishing number of letters sent.

	<p>now discussed regularly at partners meetings including the questions on this agenda.</p>	
Couches	<p>A question was asked from a forum member. What happens if a patient has problems getting onto a couch in a clinical room when they need an examination. Gill responded that most clinical rooms have adjustable couches. If this was not the case then the patient need only to ask for help. Wherever possible the clinician will help or make alternative arrangements so the examination can take place efficiently and safely.</p>	
CQC article in the local paper	<p>This was a question posed by a forum member following an article in the local paper about some GP practices in Sheffield not performing well. This practice had been reported to be in band 2 so in the second worse band of practices in the city.</p> <p>The practice had been quite shocked by this and looked into the details of the article. The article gets the information from the CQC website which looks at a set of criteria in which to base its visits to practices on. This is not based on an actual visit by the CQC to the practice.</p> <p>The result of some of the criteria the article talks about comes from the National GP survey which was sent out to patients homes. Only a small percentage of these are returned. The results are also based on performance indicators around prescribing, getting through on the telephones and the care from our nursing team. The forum members were asked what they thought of this. The forum all agreed that the report and article were unfair and that none of the forum had any concerns. They agreed the results of the in-house patient survey conducted in October this year was a truer reflection of the performance of the practice and how patients thought. The results of this to be discussed later in the meeting.</p> <p>The forum was informed that a response from the practice was being formulated and would be published in the near future. The forum wanted their names to be added to the statement as support for the practice.</p>	
Review of practice patient profile	<p>Dr Marsden gave an overview about the percentage of patients the practice has for a set of conditions compared to the national average. The data takes into account practice size and is given as percentages</p> <p>We have 1/3 more asthma patients than average, double the average Atrial fibrillation patients, more than double for COPD, cancer, dementia, heart failure and stroke. The practice has 5 times the number of palliative care patients than the national average.</p> <p>It was discussed that the practice endeavours to care for all our patients in the best way possible it is not always matched with the</p>	

	resources,	
Training practice	Dr Marsden talked to the group about what it is like to be a trainee GP in this practice. She explained that working in the practice is the best training you can get. The team really support her and she would always recommend here as brilliant practice to train in.	
Complaints Themes	Whilst the practice had received a few complaints since the last meeting there did not seem to be a theme to discuss.	
Patient questionnaire	<p>The patient questionnaire was agreed at the last meeting. By rephrasing and updating the survey for this year, the practice had more than doubled the number of patients in the online patient forum. It was available in the practice, to the retirement village, on system 1 and online. It was emailed to all patients who had supplied the practice with an email address. We received 479 paper responses and 16 online responses.</p> <p>As the survey had been revamped not all questions could be compared to last year. The forum highlighted and discussed the comments patients had added to the end of the survey. The forum members chose the areas they felt were important to them and would make a difference to the patient experience in the practice.</p> <p>The forum discussed the negative comments on the bottom of the surveys. Detailed in a table at the end of the minutes are the items discussed that the forum felt most important, agreed actions and their priority as seen by the forum.</p> <p>The positive comments were also discussed. 78/479 patients wrote they had excellent care in the practice, 20 said reception team were helpful and 50 said the staff were excellent. There were compliments for GPs and nurses. Praise that the practice listens to it's patient by conducting a questionnaire. There were comments about the efficiency of flu clinics, turn-round of prescriptions, warfarin clinics, and asthma care.</p>	
National GP survey	For members who were not at the last meeting, this survey was explained. This is the survey is the survey that gets posted direct to patients' homes. It is a very detailed survey and the results of which are published on the NHS choices website. It is this survey that the CQC use in their indicators.	
Friends and family test	This was explained to the forum at the last meeting. It was launched in the practice on 1 <sup>st</sup> December. The forum was shown the cards. Dr Marsden explained that the test had been discussed at the partners meeting and how the Friends and family test worked when patients saw a GP. Everyone who sees a clinician from now on will be given the opportunity to fill a card in and place it in box in the reception area. As the forum had suggested the box is not situated at reception but on a table so that patients can put their cards in anonymously. The practice had implemented this.	

Healthwatch meeting	<p>Gill had been asked by Healthwatch to attend the city wide information forum and had given a talk on how our patient forum works. Gill took forum member Lillian Randall to the meeting who explained to the Healthwatch meeting about the forum from a patient perspective.</p> <p>Lilian also informed this forum about the other speaker. This was a talk about how patients should use their pharmacy more and all the services a pharmacy can offer. Lilian had put the facility of a medicines use review to the test and had asked her pharmacist for this. She expressed how useful this was.</p> <p>Gill handed out a leaflet about the medicines optimisation team. This is a team of pharmacists and technicians who can help patients with their medications. Patients are asked to enquire at reception for further details.</p> <p>Dr Marsden explained that pharmacists have as much training as GPs but specialise in the knowledge of drugs so are the best people to advice on medication. You don't need to make an appointment either.</p> <p>A general discussion within the group concluded that if patients used their pharmacies more for advice more this could reduce GP appointments and hospital admissions. It could also reduce waste medication.</p>	
Planned practice changes	<p>The practice had employed a new nurse. As yet there is no replacement for our first contact nurse so the practice is using locums.</p> <p>The practice is starting to look at plans for the extension of the building. As yet the only area decided is better disabled access.</p>	
Practice Priorities	<p>The forum were informed that the main practice priorities were to work on the comments from the patient survey, preparation for a potential CQC visit and to start and look at plans for the expansion</p>	
Newsletter	<p>A newsletter would be put together in the next couple of weeks. The forum wanted details of this meeting including but with the emphasis on the positives, the Christmas opening times, prescription ordering times. The forum wanted the practice exclude the hello and goodbye section</p>	
AOB	<p>The forum wanted to ensure the practice checked to ensure the doors are always opened 10 minutes before afternoon surgery.</p> <p>To check the number of chairs in the top waiting room as some are often missing</p>	
Next meeting	<p>The next meeting will be on Tuesday 24<sup>th</sup> February 2015 at 6pm at the practice.</p>	

Comments from the patient survey with comments from the forum , priority levels and timescales to discuss or action

Comment	Forum comments	Level of priority	Action or discussion timescale
The tannoy cannot always be heard	Agreed with this	Medium	To look at this when the practice completes it's refurbishment
Reception. Attitude, processes, waiting times on the phones	The forum would like to understand more about how the practice works from the reception point of view	High	Invite members of the reception team to the next meeting so that everyone can learn from each other
Appointments	The forum would like a session to discuss the appointment system	High	As we would be discussing reception at the next meeting, the forum decided it would be a good plan to discuss the appointment system at the following meeting in April
To know the number of callers in front of them in the queue on the phone	This was seen as priority for the forum	High	Practice to look into this by the next meeting
Opening time	A discussion around this resulted in a conclusion that unless extra funding was obtained this would not be possible	Low	To wait for any additional funding for extra opening times
Disabled access	This had been discussed in todays meeting and the comments from the partners meeting had been explained	High	In progress
Not being able to pick prescriptions up when the practice is open on Saturdays	This was discussed at this meeting. Patients can use the pharmacy if medication is needed urgently	Medium	To revisit when discussed with partners
New ways to remind patients about their appointments	To review at the appointments meeting	High	April meeting
More phone appointments	To review at the appointments meeting	High	April meeting
More ear syringing/ nurse appointments so more blood appointments	This was discussed earlier in the meeting. A new nurse employed.Reduced waiting times.	High	In progress
More privacy at reception	Patients do know to ask if they need to speak to a receptionist in private but reception still feels crowded	High	To review by next meeting

Notes not be read with online ordering of prescriptions	To review with reception	Medium	To review by next meeting and with reception team at February meeting
More online appointments	The group discussed that whilst the majority of our patients did not have internet access this would help those who worked especially with smartphones. As all appointments are released at the same time this would mean a fairer system for those who worked	High	To discuss within practice and feedback at next meeting.
Don't close at lunchtime	Gill explained that this was the time that clinicians needed to visit, look at hospital letters, liaise with other professionals. The team also need time for admin work	Low	No further action needed
No explanation when a GP is running late	This was seen an important area to discuss	High	By next meeting