

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

**MINUTES OF PATIENT FORUM
HELD
TUESDAY 14th October 2014**

Present:

Mrs J Parker	Mr R Webb
Mr. R Chisoholm	Ms P McCartney
Ms B Lee	Mr J Glaves
Mr H Constable	Mrs P Kilner
Ms L Needles	Mr. P Flaherty
Mrs J Longstone-Hull	Ms A Kennedy
Ms H Mansfield	Mrs L Bottomley

Apologies, Mrs M Littlewood, Miss J Wilkinson Mr. P Flaherty Mrs S Mathers Mrs Mr R Flewitt Ms Mrs S Mathers Mrs B Carr Ms G Randell Ms D Mackman Ms A Sculley Mrs C Hodkin, Mrs Elaine Kirby

Mrs G Siddons, Assistant Manager/Pharmacy Technician - Chair

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 .Letters were sent out to all our care homes and sheltered housing last week. No care home representatives were present.	
Review of notes from last meeting	<p>The practice was not successful in the appeal for the funding for the patient participation engagement funding. This means the practice lost £7k. It's hoped we will achieve this in the current year.</p> <p>The practice is still getting patients with out-patient prescriptions. Even if a consultant says a GP can prescribe an item it is practice policy not to transcribe the medication onto a prescription that can be obtained from a pharmacy. This is not a cost issue but a safety issue.</p>	
Disabled access to the building and disabled car parking	This was asked to be put on the patient forum agenda by forum member Ann Williamson. The forum said they would like the use of the disabled car parking space to be monitored at the last meeting. The practice have been checking cars that are parked in the disabled space to ensure they have a blue badge but feel it is not safe for practice staff to be policing this. This decision was discussed at the forum and follows an incident in October when a car was parked in the disabled space without a blue badge. A car with a blue badge blocked in the car in the space. There was a	The forum asked for a more visible disabled notice to be placed on the fence. The forum asked for highlights of this

	<p>very heated discussion between the two drivers that caused enough upset for the disabled person for a GP to be concerned about their welfare. The forum agreed with the practice view. A memo had been sent to all practice staff and the manager of the Woodhouse clinic building advising staff not to park in the disabled space. It was also noted that the car park is for staff and not for patients and there is a notice at the entrance to the car park to this affect. Parking in the car park was discussed. It is noted the car park gets very congested at times and leaves little space for emergency vehicles.</p>	<p>discussion to be added to the next newsletter. An article would be added to the next newsletter.</p>
<p>Cancellation of appointments when a GP phones in sick.</p>	<p>This was brought to the forum by a member Joan Longstone-Hull. Gill explained the procedure for this.</p> <p>If a GP phones in sick, they usually contact the practice before the telephone lines open at 8am. A message is passed to reception to block all available appointments for that GP for the day. Reception team will start and contact patients who have an appointment booked and try to give them an appointment wherever they can nearest to their original time. If this is not possible they will try and give the patient an appointment at a convenient time to them. Wherever possible a reception is taken from answering incoming calls and assigned this task. Sometimes reception team cannot get in contact with a patient (this may be due to incorrect phone number on a patient record) so cannot presume that the appointment they have at that time is suitable. In this case the practice has to wait until the patient arrives for their appointment to be able to help. The receptionist also has difficulties at calling out due to the high volume of calls calling in taking all the lines. Fortunately it rarely happens</p>	
<p>Complaints Themes</p>	<p>Whilst the practice had received several complaints since the last meeting there did not seem to be a theme to discuss. There had been many grumbles from patients mainly around appointments and getting through on the telephones.</p> <p>A discussion was held about the demand for appointments and the practice capacity. The practice offers as many appointments as it can with the clinicians we have. When there are no appointments left patients will be asked how urgent they think their problem is. The receptionists will advise them of the options available to them depending on each circumstance.</p>	
<p>Patients not attending appointments</p>	<p>The forum discussed the DNA rates and if that was to blame for lack of appointments. Gill explained the process of sending letters to patients and in some circumstances having to ask patients to register at another practice due to their high DNA rate. The forum was very supportive of this and asked could the number of patients that had been asked to do this be put in the newsletter and on the TV screen. The feeling of the forum was that if</p>	<p>The number of DNA and time lost to be added to TV screen and to newsletter.</p>

	everyone cancelled appointments they did not need then there would be more appointments.	
Patient questionnaire	Gill handed out a draft of the patient questionnaire that had been discussed with a few forum members. These were collected in at the end of the meeting and the comments would be included before the survey was published.	
Plan of action for forum	The forum discussed that the main plan of action from this meeting was to complete the yearly patient questionnaire and to launch the friends and family test in December. The results would be collated and the comments would be discussed at the next patient forum	The results of the patient questionnaire would be collated and discussed at the next meeting. The discussion will produce and action plan for the forum to work with the practice on for forthcoming year.
CQC	The practice had not received a visit from the CQC up to the date of the meeting.	
Planned practice changes	<p>The practice had started on the maintenance programme. New seating had been completed in the lower waiting room and new chairs in some of the GP rooms.</p> <p>The practice was aware of the lack of nurse appointments and has recruited a new nurse. The start date is yet to be confirmed at the time of the meeting. Post meeting note... This nurse has now started in the practice.</p> <p>The practice has adverts for out for a First Contact Nurse Practitioner. As yet we have had no response. The practice is covering these appointments at the moment by using locums.</p> <p>Following a review of the flu clinics completed last year the practice has decided to do a Saturday morning clinic this year on 25th October. This is a major change for the practice that we hope will be welcomed by our patients.</p>	
National GP Survey	This is the survey that is posted out to patients. The results of this are published on NHS choices. The results on the NHS choices website were discussed. The practice does well at patients having trust in nurses, GPs explaining treatments and nurses giving enough time. The practice could improve on patients getting through on the phone, speaking to a named GP and getting an appointment of their choice. The forum agreed with these results and decided to wait until the results of the yearly	

	survey before making any decisions about the priorities they wanted the practice to work on.	
Friends and Family test	Katy Hyde from NHS England came to talk to the group about the friends and family test. This test has been running in hospitals for a while now and asks the patient if they would recommend this service to a family member or friend. If they would not, why not and if they would, why would they. Katy explained how this would work on practices and how it has worked in the hospitals and the impact it has had. The cost of completing the survey is up to the practice. The friends and family survey becomes part of the GP contract from 1 st December. The practice is proposing having cards available on reception when patients check in.	The forum would like a place away from the reception to be able to fill them in and put in a separate box also away from reception area. The practice will look into to if this will be possible.
LPC (Local Pharmacy Committee)	Stewart Kelly from the LPC was available prior to the meeting for personal pharmacy questions and also attended the meeting. He explained about the different processes that patients can use for ordering medication. Some problems were discussed especially about emergency prescriptions and when patients could return medication to the pharmacy. The forum found this very useful.	
Compliments	<p>The patient forum made the following compliments.</p> <ul style="list-style-type: none"> • Dr Attwood and Dr Gunasekera were complimented on the way they had helped a patient. The patient was extremely impressed by the care their had received and the professionalism of the two doctors • Gill for sorting out a prescription where the patient had been bounced backwards and forwards between pharmacies and the practice. • The nurses for the excellent way the flu clinics had been run. The forum commented that each year this got better and the introduction of a Saturday clinic was a big part of this. 	
Early years teaching of medical students	Once a month on a Thursday afternoon Dr Nevitt will be taking a group of 6 medical students. The aim is to introduce general practice to them and to get them to start thinking about patients experiences of the healthcare system. She is looking for 2 volunteers for each session to spend 30mins talking about some of their medical problems. We will provide transport funds and a cup of tea! Patients who would consider volunteering were asked to write their names down and Dr Nevitt will contact them in due course	
Next meeting	The next meeting will be on Tuesday 2 nd December at 6pm at the	

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