

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

**MINUTES OF PATIENT FORUM
HELD
TUESDAY 5th August 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
Mrs B Carr	Ms L Needles
Mrs J Longstone-Hull	Ms A Kennedy
Mrs C Hodkin	Ms G Randell
Ms D Mackman	Ms N Sharpe

Gill Siddons (Assistant Manager)

Apologies, Mrs M Littlewood, Miss J Wilkinson Mr. P Flaherty Mrs S Mathers Mrs L Bottomley Mrs Mr R Flewitt Ms A Fearn Mrs S Mathers Mrs B Carr

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. No care home representatives were present.	
Review of notes from last meeting	<p>Gill asked if there were any comments from the Bedfordshire "A and E for me" on the website. The clip that emphasised how A&E can be used inappropriately was discussed. Not many forum members had been able to see this.</p> <p>Reception team had been reminded to ask disabled patients if they wanted to use the lift or to walk round. The feedback from most patients was that the offer was good but most patients found it quicker to walk round.</p> <p>The leaflet about sharing records will be added to the next newsletter. The forum said they felt most patients were unclear about sharing their records and the leaflet should help. One forum member asked if there was any news on the Care data programme. This was a programme that was proposed to allow sharing of anonymised data to outside organisations. Gill informed the group that this had been put on hold for now.</p> <p>Gill is still working on the feasibility of putting the value of DNAs along with the number on the board above the reception desk and on the TV screen. It was suggested to work this out on a weekly figure so it might have a greater impact.</p> <p>The practice had not received a CQC visit as yet but were working on the criteria in preparation for any visit. Quotes were in for seating. Gardening and tidying up of paths in progress.</p>	

	<p>The practice has applied for a grant to help with the cost of refurbishing the old dentist building. We have been told we should hear very shortly. When we hear we can decide what we are going to with the building. This could be anything from a coat of paint and more consultation rooms to a full review of the whole space of the practice.</p> <p>Health pod. Last meeting we talked about a claim being made against the practice for a patient falling over the health pod. Moving the health pod to top waiting room not possible. Chairs had been around health pod rather than move it. Its position would be reconsidered when we did any future alterations. One member suggested putting a screen round it to make it more private and a ledge/hook to put personal belongings.</p>	
Disabled access to the building	<p>This had been discussed above. Some patient forum members reported that non-disabled badge holders had been parking in the disabled place. The forum was happy for us to challenge anyone who did this. There was also concern about cars being parked at the entrance to the car park. Sometimes they were too close which made it difficult for other users. The forum would like this to be monitored.</p>	
Patient participation report	<p>The practice receives a financial incentive for meeting the requirements for engaging patients in the work it does with the forum. Since the last meeting the practice had received notification that it had not met the criteria required and so had lost approx. £7k. Gill had asked some forum members to help the practice formulate an appeal against this decision. 3 forum members had helped with this appeal. Gill thanked them for their support. The practice should have received a decision about the appeal in June. Having chased this with NHS England on 3rd August, the practice had been told that a decision was being made on 4th August and we would be informed later this week. Gill agreed to add a post meeting note to the minutes.</p>	
Telephone System	<p>Having listened to comments from the forum about the system over the years, the practice had approached the current telephone company for a further upgrade. This means that we will be keeping the local rate number but patients would be told what number in the queue they were. This would give patients the option of holding or ringing back later. The group thought this was an excellent idea and welcomed the change. Hopefully the practice will be able to do this in the next few weeks.</p>	
NHS choices comment/complaint	<p>The last two comments that patients had put on NHS choices website were discussed. The forum agreed that patients tended to only put negative comments on the site especially if something had not gone well for them at the practice. The group agreed this was not a true reflection of the services of the practice. As the practice will be challenged on our "public perception" this is an area we do need to look at in future meetings.</p>	<p>To discuss how to raise positive profile on Social Media and Choices website</p>

<p>Team updates</p>	<p>Gill gave an update on the team.</p> <p>There is a new round of trainees starting in the practice this week. Dr Rachel Marsden and Dr James Attwood are our new registrars. Our new Foundation Year 2 trainee is Dr Roshan Gunasekera. We say goodbye and good luck to Helen Johnson and to Olivia Dyer.</p> <p>Julie Carr (receptionist) has left. Julie Norburn (nurse) is leaving end August. Maxine is retiring beginning October. Sonia is off sick at the moment. Helen Jones is not working summer hols. Jo Elliott is taking a career break for a year.</p> <p>The practice is looking to recruit in the near future but for the present time the changes will have an impact on appointments and the availability of some services. It may mean that some appointments are limited. The reception team will do their best to give patients the appointments they need when they are available.</p>	<p>Gill to look at implementing both these suggestions as soon as possible if agreed by the partners</p>
<p>Other services</p>	<p>Health Trainer... Scott is leaving. The practice and patients have found this a very useful service and wish him all the best for the future. At this moment we are unsure of continued funding. The MOT (medicines optimisation team pilot) has stopped. MOT was a pharmacy team that helped patients understand their medication especially after a hospital discharge. The MOT is trying to get funding but for a larger number of practices but will only focus on patients who are at risk and have recently been discharged from hospital.</p>	
<p>MUR</p>	<p>An MUR (medicines use review) is a consultation with a pharmacist to help patients understand more about the medication. An MUR is a service offered by community pharmacists to help patients understand their medication. Any pharmacy can do these, patients just need to ask at their pharmacy. Some of the forum members had used this service and would recommend this to other patients.</p>	
<p>ETP (electronic transfer of prescriptions)</p>	<p>Now that about 50% of our prescriptions were now going to pharmacies electronically, some patients had noticed that they get lots of copies of their repeat order form. This was noted as a software issue at the pharmacies. Some pharmacies were trying to get this resolved. The forum wanted the practice to promote ETP more as they felt it worked really well.</p>	
<p>Patients not attending appointments</p>	<p>The group asked if the amount of appointments from patients who did not attend appointments and who did not cancelled had improved.</p> <p>Despite introducing text reminders, messages on screens in the practice, notes on the forum minutes and articles in the newsletter, the amount of DNAs had not improved. Gill reported that reception had sent a batch of letters to patients</p>	

	<p>who had missed 3 appointments and who had not cancelled. This had caused some patients to be quite concerned and alarmed by the letters. The emphasis on cancelling appointments if not needed would continue</p>	
Emergency on call doctor.	<p>The practice has a GP available at every session to deal with emergencies and enquiries from other health professionals. Gill pointed out this was not to be used for routine or non-urgent requests as this may delay another patient getting the urgent care they need. If patients were unsure if something was an emergency for the on-call GP then our reception team would be happy to help with the request once more information is given.</p>	
Hospital outpatient prescriptions	<p>If patients go to outpatients and is given a prescription, it must be obtained from the hospital pharmacy even if the clinic says it can be taken to the GP. The practice has made a decision not to change hospital prescriptions to community prescriptions. This is because the clinician who signs the prescription is taking accountability for that medication. If they have not assessed the patient they cannot do this safely without further assessment. It may also be a hospital clinician has prescribed a drug that has to be obtained from the hospital and cannot be prescribed by a GP. This decision is not a cost issue.</p>	
Poll on website	<p>There is a poll on our website about putting uncollected prescriptions that have been authorised by a GP in the pharmacy for collection by patients when the practice is closed. The patient will still have a choice as to which pharmacy dispenses their medication.</p> <p>The group discussed this in detail. The main positive was more patient accessibility to prescriptions especially out of hours. The negatives were that patients may feel they had to have their prescription dispensed at that pharmacy and that whilst this idea was a good idea , some members felt we were pampering our patients and that some of the responsibility for collecting prescriptions on time lay with the patient. In conclusion the forum agreed this should be trialled for 3 months to see how this works.</p>	
Opening Hours	<p>The practice has to participate in 2 types of extended opening hours. Gill informed the group that this practice participated in 3 types. Early mornings, Tuesday evenings and Saturday mornings. The group were impressed with this.</p> <p>The practice had put in a bid to trial the extended access to GP practice along with another local practice. If we had been successful this would have come with extra funding. Sadly we were not successful. The nearest pilot centres will be Wakefield or Manchester.</p>	

<p>Friends and family test</p>	<p>This is a new initiative that replaces the long patient survey we have had in the past. It asks patients if they would recommend the practice to another friend/family member based on their whole experience on the day they came into the practice. It is part of the GP contract and will be compulsory from December. Gill outlined the guidance received so far and asked the forum to think about how they could help implement and influence the results from the practice. Gill had asked a member of NHS England to come and talk to the forum about the test at the next meeting. The forum suggested getting the health champions from Woodhouse forum to help. Gill explained that the cost of implementing the Friends and family test to be funded by the practice. It was agreed that this was an important initiative and would have to be carefully thought out and planned. It was mentioned about targeting flu clinics, having someone in reception to explain the survey and lots of leaflets to launch the start of the survey.</p> <p>The group would discuss this in detail at the next meeting and subsequent meetings. This would form part of the yearly patient participation action plan.</p>	
<p>Changes to GP contract</p>	<p>There are new changes on the horizon which will change the way GP practices are funded. Under changes that are imposed on the practice we stand to lose approx. £120k that we would normally have used to run the practice. E.g. staffing levels, services we offer. Building maintenance.</p> <p>The practice will now have to start and think very carefully about the services we participate in that are extra to the core services we have to offer.</p>	
<p>Newsletter</p>	<p>The group discussed the content of the next newsletter. It was agreed that the content of this meeting should form the basis along with, more take up of ETP, who is who. The forum wanted a wider distribution of the newsletter so the messages reached more of the practice population.</p> <p>The group suggested an annual newsletter based on the main topics from the year to be given out at the flu clinics.</p>	
<p>Next meeting</p>	<p>The next meeting will be on Tuesday 14th October at 6pm at the practice.</p>	