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

MINUTES OF PATIENT FORUM HELD MONDAY 21st MARCH 2016

Present:

Miss A Kennedy			
Mr J Glaves			
Mrs M Constable			
Mrs P Kilner			
Mrs J Parker			
Mr R Chisholm			
Ms K Taylor (Woodhouse and District forum)			
Sharon Jewkes (Health Development worker)			
lanager/ HASCL Manager)			

Mrs G Siddons, Assistant Manager/Pharmacy Technician - Chair

Apologies, , Ms P McCartney, Balmoral Care Home,

Agenda items	Notes
Welcome	Gill welcomed everyone to the meeting and thanked everyone for attending.
Sharon Jewkes	Explained her role as Health Development Worker for Woodhouse and District Forum. Sharon runs health activities in the community for people with health issues. People can self-refer. The practice will add activities to the website whenever Sharon emails them to the practice. Patients are welcome to join the activities. Some are free, some have a charge. All details are on the flyer. Sharon is on 07828171928 Post meeting note: Sharon is not working at the moment. Woodhouse Forum will update the practice when events will restart. The practice will then be able to update our website.
Local events	Gill encouraged the entire forum that if they wanted us to put their events on our website, to email them to the practice email account.SHECCG.woodhousehealthcentre.nhs.net
Gordon	Gordon gave a talk on his role and his work with the CCG. Gordon is Practice Manager for Woodhouse Health Centre. He also is Locality Manager for Hallam and South Practices. This is a group of 23 practices predominantly in the South of the city. Gordon's role as locality manager is to work with practices and NHS Sheffield to form health services in the city. One of the areas that he is working on is forming neighbourhoods. A neighbourhood would involve a group of practices working together looking after 30,000 to 50,000 patients. The main aim of neighbourhoods is to keep patients well in the community by looking at tailoring the NHS services to the needs of the patients in that area. This may mean that if one practice specialises in a service then all patients from that neighbourhood would go to that practice for that speciality. The concept of neighbourhoods is being developed at the present time.

Questions discussed at meeting. Question 1.	This was from Gill (Assistant Manager). There had been an article in the Star the previous week that stated the practice was the 9 th worst in the city. This statistic is taken from NHS choices website and is based on the national surveys that are sent out to patient's homes. Gill wanted to know if there was anything the practice could do to improve patient perception of the practice. This survey will last for 12 months. The forum generally thought the practice did a good job. They thought the statistics were skewed as it was all the affluent areas of the city that scored well. These patients probably know how the survey works and what it means so more likely to fill it in. The forum suggested using the TV screen to advertise the positive things the practice does. Change this regularly so that patients get to know.
Question 2	From a forum member. Do the TV screens bring in fees for the practice? If not could they be used for health prevention messages? Gill explained that, yes they do bring in a small amount of fees however we are allowed free adverts that we can use. We will look into this as above and in other areas of the meeting. Gill to check adverts that are on there for appropriateness.
Question 3	A patient wanted more clarity on the travel vaccines service the practice offers and the reasoning behind the decision. The practice had taken the very difficult decision not to continue to provide travel vaccines. It does have a supply of vaccines left and will use those up to save waste however when these are used the practice will no longer order any further vaccines. The system now works as follows. A patient requests travel advice and fills in a form which they hand to reception. The form gets passed to a nurse who sees if we have any of the vaccines required in stock. If the practice does have some stock left then the nurse will contact the patient and book them in for an appointment. If the practice no longer has any stock then the patient will be contacted, given a list of vaccinations they have had in the past and asked to attend one of the travel centres at either the walk-in centre or the Hallamshire Hospital. The practice needs to use the scarce nursing resources for managing patient's long term conditions as required by the NHS rather than providing an additional service.
Question 4	This question was from the practice reception team. How do we make patients more aware that we do not take prescription requests over the phone? All pharmacies can do this. Our reception team do sometimes help patients out by doing this but it should not be routine. We have put this in a newsletter. The forum was asked for help with this issue. The forum response was not to take requests even as one off occasions as this can have a snowball effect and can lead to patients taking advantage. Patients should be directed to a pharmacy to order over the phone or to place their order in the usual way.
Question 5	From a forum member. How do we get past the legal system to solve DNA. This is a recurrent theme not only at the forum but in practice meetings as it causes frustration to clinicians and to patients who can't get appointments. The Department of Health says we can't charge patients. After a long discussion, it was agreed that the practice would look into an alert screen that could be visible when receptionists take a booking for an appointment. We would put adverts on the TV screens.

Question 6	From Dr Attwood Some days there are very few on the day appointments available at 8am. This is sometimes due to patients needing follow up appointments. It was proposed that each GP would have the last 5 of their appointments in any one session blocked that could only be released on the day at 8am. This would mean patients having to wait longer for follow-up appointments. The forum agreed for the practice to look into this however concerns we raised that if a GP wanted to see a patient for a follow up urgently they may not be able to be seen in the timescale required. It was explained that follow up appointments are booked either by the GP at the appointment or patients are sent to reception with a slip. This could continue but the slip would need to be accurate and use the word approximately if appropriate.
AOB.	Paracetamol is being requested on prescriptions. It costs 16p for 16 to buy but can cost the NHS around £5 once all dispensing and processing fees are added.
Paracetamol	The forum agreed with the practice trying to reduce the amount of paracetamol prescribed for patients who did not have long term conditions.
Healthwatch	The practice had had a Healthwatch Enter and View visit. Gill thanked the forum members who had helped with this and had attended the visit. Gill also thanked Kathryn Taylor of Woodhouse Forum.
	It was commented how intense the visit was and which areas the team asked the practice about. Comments were made from the group that they thought the practice had done well and had answered all the questions posed on the day
	professionally. Some members thought it showed all the different things the practice is involved with that are not commonly known. The forum thought these points should be advertised on the TV screen as mentioned earlier in the meeting. The practice had hoped the report would be available for this meeting but
	Healthwatch had had some sickness in the team so the report would be available in approximately two weeks' time. Gill will share the report when it is available.
Next Meeting	The next meeting will be Monday 6 th June at 6pm at the practice.