

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

MINUTES OF PATIENT FORUM
HELD
MONDAY 27th March 2017

Present:

Miss Y Tolliday	Mrs M Constable
Mr. R Chisholm	Mr H Constable
Ms B Lee	Mr J Glaves
Mrs P Kilner	Mrs J Longstone-Hull
Ms A Kennedy	Ms J Parker

Apologies, Mrs C Hodkin, Mrs. L Randall

Mrs G Siddons, Assistant Manager/Pharmacy Technician - Chair,
 Dr Andrew Lowry (F2)

Agenda items	Notes
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.
Review of notes from last meeting	<ul style="list-style-type: none"> • Efficiency Programme. Reception team are now asking everyone who picks up a paper prescription which pharmacy they would like to use in the future, not accepting prescription requests over the phone, we no longer do prescription requests on the front desk when patients are running out of medication, increasing patients on repeat dispensing and redesigning the prescription request form so that only pharmacies are listed. The practice has now reduced the number of patients picking up prescriptions by 79 patients last month and increased the number of Repeat Dispensing items by over 700 so that's 700 less items we are doing each month. • The percentage of prescriptions going electronically is now 79%. NHS England target is 80%. The practice would like 90% • Prescription requests. The group was reminded that prescription requests take 48 working hours (we work Monday to Friday) and then a further 24 hours at the pharmacy. • Building. The plans for the new building have gone to tender and we should decide on a contractor by the end of April. A start date will depend on how busy the chosen contractor is. • Care planning. The practice will be continuing doing care plans for appropriate patients. Care plans are usually completed for patients with long term conditions and are completed by the district nurses. Each care plan is reviewed yearly.
Neighbourhood working	The practice has been involved with the Woodhouse Day of action. Gill and Ann have been to Brunswick School to talk about young carers and what happens at the doctor's surgery including who works there. Naseem, the community support worker had attended the Police stand in the Co-op

Future of the forum	Gill asked for a member of the forum to work with her to formulate the meetings and another member to take the minutes. Howard Constable agreed to take over as chair. Gill will do the minutes for the next 2 meetings then see if a forum member wanted to take this role.
Zero Tolerance	We had an incident in the practice last month where we had to send a zero tolerance letter to a patient. Gill had rung a few of the forum members to see if we could add in a line on the bottom that states the letter has been approved by the patient forum group. Gill thanked the forum members who were contacted. The forum agreed this was a good idea and fully supported the practice in this. The practice only sends out zero tolerance letters in extreme circumstances.
Urgent Care	<p>Gill asked the group about what they perceived as urgent care and posed some questions to the group about how they would change urgent care if they could influence it.</p> <p>Dr Lowry explained to the group what clinicians perceive to be urgent care.</p> <p>The group liked the Minor Injuries Unit at the Royal Hallamshire Hospital and felt this was something they would not change.</p> <p>The group liked the satellite units and felt they were useful especially at weekends. However they felt they need more publicity around appointments and how they are booked and the services the nurses provide.</p> <p>When asked about the articles in the press around putting a GP at the entrance to A and E, they felt this was a good idea but thought this was already done by a nurse. They also could see that putting a Gp in the entrance to A and E who may turn patients away may be a risk in terms of safety of the GP. If they went to A and E and were seen by a GP who then asked them to see their own GP in 24 hours then this could be a problem if there were no appointments at their GP.</p> <p>The group liked the idea of some form of walk in service in the city and felt that some provision for this should be in the city centre. This would help people who worked who jst pop out when they can't get into their GP at a time that suits them. They also felt that an extra satellite unit would be better than what we have now. The group also felt that a walk in service at the satellites should be available.</p> <p>A re location of the GP collaborative to the city centre or to the Hallamshire would be better for the patients in Woodhouse as this is easier to get to than the Northern General Hospital when using public transport. The group feels that the GP collaborative is duplicating the satellites so would like the satellite provision extended and the GP collaborative take over when the satellites close.</p> <p>The main message from the forum was that services for urgent care are already confusing and that any changes made should be well publicised so that the population of Sheffield were made aware of what services were available and where to go for help so that resources were used appropriately.</p>
Prescription ordering	The forum members were a little confused about how to order their prescriptions, where to collect them from and repeat dispensing. It was agreed that a leaflet be

	made available and put on reception to explain the processes.
Date of next meeting.	19 th June 2017