



PATIENT PARTICIPATION GROUP

Minutes of a meeting 4th April 2018 at 6:30pm

Chair: Spencer Oates (Deputy Practice Manager)

Dr Tim Williams (GP)

Minutes: SO

Members Present:

SR, DR, CD, TS, CL, CA, JA, MF, BF, JA, PM, LT, JW, MT, BT, DH, KS, CF, JW, JM, SN

Apologies: MK, PH

SO opened the meeting by thanking everyone for attending and confirmed group agreement with the content of the minutes from the last meeting.

1. Health Trainers

We are in the very fortunate position to have access to a Health Trainer working with the practice. Lucy Beal will be working at the practice on Friday mornings. Health Trainers are people who have been recruited from within the local community and have been trained to work with you on a one-to-one basis to help you improve your health in the following ways.

- Advice and information
- Eating healthily
- Losing weight
- Getting more active
- Referring to Stop Smoking Support
- And much more.

If you want to get healthier but don't know where to start, Lucy will be able to help you work out exactly what you want and how to go about it.

To access these services please contact the surgery.

Members thought this was a good idea and SO would check with Lucy regarding direct self-referrals as the leaflets carried direct contact information for the Health Trainer.

2. Update from Sheffield PPG Network meeting.

DR and SR attended the recent Sheffield PPG Network meeting held on 22nd March 2018.

They fed back to the group about what was discussed at this meeting. This information is in appendix 1 of these minutes.

3. Patient Champions – Where to go next?

JW and CA are Patient Champions for Sothall Medical Centre. They started in this role due to their passion for patient centred care, and have attended coaching training with TW.

They were very happy to working in this role and helping the practice to support patients.

They asked if a protocol/policy could be organised that explains what they can/can't do in this role. The surgery would look into this. On the back of the role of Patient Champion JM

asked if there was any scope for volunteering at the surgery, as he was aware that himself and a few other patients were in a position where they could spare a few hours a month to help out with anything that around the surgery to free up time and improve the experience for patients. The surgery would speak to Voluntary Action Sheffield regarding the legalities

of this and feedback to the group. The aim of the practice was to have Expert Patient Champions in many areas of health and support, who were in a position to help and advise other patients who have/have had similar conditions. CD would like to be considered for Breast Screening Champion should a role become available, due to the work she undertakes with Woodhouse and District Community Forum.

4. GP Appointment extended to 15 minutes.

The current system of appointment being 10 minutes per patients did not always offer doctors sufficient time to fully explore the reasons for patient attendance at the surgery. After much deliberation it was decided by the surgery that we increase the length of time for each appointment with a GP. This would be extended to 15 minutes to allow patients more time during their consultation should they need it. This will hopefully allow GPs to remain to time. We have also added in to the GP daily sessions some routine telephone consultations. These can be booked in advance and used to speak to a GP about something that does not require a visit to the surgery, i.e for test results, or for follow-up.

The group were reminded that we were now Care Navigating patients to the most appropriate service to ensure they were seen by the right clinician, first time. Since January 2018 the surgery had care navigated 264 patients to more suitable services for their problem. We are very proud of this figure and hope that this combined with more tailored appointments would improve the accessibility of suitable appointments for our patients. SN recommended that we advertise this across social media and the surgery would ensure this was done.

5. Student Nurses

As a practice that strongly believes in medical education we are delighted to have been accepted as a training practice for Student Nurses. We will have nurses-in-training working with us for short periods of time to enable them to experience what working in primary care is like. We are thrilled to have this opportunity to help guide and support the nurses of the future. This will mean that there may be a student in the room during your Nurse's appointment. Please let reception know when you attend for your appointment if you would prefer not to. Our current Student Nurse would be starting on 9th April 2018 and would be on placement with us for 3 weeks.

6. Prostate Cancer Blood Tests

CL asked what the practice's stance was in terms of providing PSA blood tests to patients to screen for prostate cancer, in light of the recent media publicity drive.

You may have seen in the media recently, the drive for men to check for the signs of prostate cancer, and have heard about the prostate specific antigen (PSA) blood test for diagnosis of prostate cancer. We have received a number of requests from our patients for this blood test so thought we should give you information about this.

Whilst the PSA is commonly used to diagnose cancer of the prostate it is not the best method of screening for prostate cancer. Patients can have an abnormal PSA for many reasons, other than cancer. Patients can also have a normal PSA and still have prostate cancer. The main way to truly diagnose prostate cancer is by removal of a small piece of the prostate for microscopic analysis (biopsy).

Symptoms that could indicate a problem with the prostate:

- Difficulty starting to urinate
- Weak urine flow
- Dribbling after you finish urinating
- Feeling that your bladder has not emptied properly
- Increased frequency of urination

If you are experience the above symptoms contact the surgery to discuss this.

Further information can be found at: <https://www.prostatecanceruk.org/>

7. How can the surgery help before problems arise?

CL asked regarding screening in general and what the surgery could do to improve uptake of these services.

Screening is provided on a call and recall basis external to the surgery, however we do have an input from a health education perspective in trying to increase the number of patients who attend screening appointments. CL asked if it would be feasible to have a screening section on the practice website. This was agreed by the group to be a good idea, and SO would look into organising this. The practice website has been recently updated to include a self-help section and also a link to common conditions and ailments on NHS Choices. This is in response to a drive to try and increase patient awareness of self-care. MT asked what the surgery could do for those patients that do not have access to the internet, and those that do not attend the surgery very often. This is an ongoing problem with trying to keep all our patients informed of changes and improvements at the surgery. It was suggested to look at ways in which we can share information with patients at a local level by using 3rd party companies and word-of-mouth. MT suggested that a good starting point would be for her to collect some copies of the PPG meeting minutes and patient newsletter for distribution amongst her friends and local community. This is an excellent idea – Thank you MT.

Any other business

a) Telephone system.

The telephone system here at the surgery has been the topic of many issues recently and as a result of this SO had organised a meeting with the telephone service provider to try and get to the bottom of the problems that patients had been experiencing. He asked for the reception team to find out exactly what the problems were should any patient suggest that they had had issues when calling the surgery. These issues would be taken to the meeting and a solution would be looked into.

Update: The meeting took place on Friday 6th April 2018 and the following themes were taken to the meeting:

- i) The telephone system just ringing out when patients are trying to call the surgery
- ii) The high level of engaged tones when contacting the surgery
- iii) The frequency of dropped-calls when contacting the surgery

After discussion with the telephone provider we are confident that we have found the problem and are hoping that we have a solution to this. Before we can release any details

regarding this possible solution we will need to discuss this at the next practice Business Meeting, and will of course feed back to the group in due course. Please be assured we are working towards sorting this problem out and appreciate your patience in the meantime.

b) Car Park.

2 members of the group asked whether any policies had changed regarding the allocation of parking spaces at the surgery as they were finding it difficult to park again. The parking policy and space allocation remained the same, but we would keep an eye out to see if non-patients were using the spaces, and remind staff about the use of patient parking spaces.

c) Appointment availability for both working and non-working patients.

Interestingly 2 different members of the group raised the issue about what the surgery was doing to maintain or increase the appointment availability for both working patients and non-working patients. As a surgery we do not differentiate between these 2 groups of people, as we believe that all our patients have an equal right to be seen by the most appropriate clinician regardless of employment status. We are working hard to try and improve availability at the surgery, in a very difficult period of time. Our clinicians are currently working with approximately 275 patients per day including face-to-face and over the telephone. This figure is continuously rising and does not include any patients that have been care navigated by our reception team. This is why we are striving to ensure that our patients are seen by the right person, first time, for them.

- There are GP and Nurse appointments available at the local Hub at Woodhouse Medical Centre in the evening and weekends.
- We offer early morning and late night appointments on a weekly basis.
- Our GPs offer a daily triage service to individually assess whether patients need to attend the surgery or whether they can be dealt with over the telephone.
- We are care navigating our patients to ensure they are seen by the most suitable clinician.

There being no further discussions, the meeting closed at 19:40.

Next meeting Wednesday 6th June 2018, 18.30 at Sothall Medical Centre.

CCG/PPG MEETING HELD ON THURSDAY 22nd MARCH 2018

Mark Gamsu and Mandy Forrest.

Previous meeting agenda re treatment restrictions on cataracts on hip/knee replacements if overweight, Sheffield CCG will not restrict surgery.

One member asked, "what impact dose PPG's have". CCG responded that "they need to get better.

Urgent Care consultation update: Proposals:

1. Way people get urgent GP appointments.
2. Where people would go for minor injuries & illness.
3. Improve the way people get GP appointments.

To enable people to get GP appointments within 24 hrs, 16 neighbourhoods in the city to look at whether to see own GP or other.

Minor injuries & walk in centre would be replaced by urgent care centres at NGH urgent care for children at the Children's hospital.

Eye care - urgent appointments across city or a the Hallamshire.

Improved access either 111 for triage over phone.

Consultation extended to the end of January 2018 30 public meetings a lot of social media 6 protests handed in. Will go to an independent organisation for review. March/April review feedback.

April/June plan for proposals for feedback.

June/September work up final model, what it may look like..

Themes: number of common illness identified significant differences in response from consultations and telephone surveys- 50% responded to the survey 3 postcode areas 8, 10, 11.

Concerns NGH capacity, transport, journey times, parking, do ability of GP/ Neighbourhood aspects, loss of services in the city centre.

Potential exacerbation of health problems. 'people clearly happy to have appointment at another practice if seen quicker.

Support for UTC (Urgent Treatment Centre) at Children's Hospital.

Change to Urgent eye care.

Telephone Survey - 2106, 2290 self section, 396 responses, feedback 30 public meetings (letters feedback),

Transforming Primary Care (Katrina Cleary) Presentation

Good access to GP's.

Services in their local community,

Better links and communication between Health and Social Care Services. To make it simpler, confused about what services, more information about voluntary services.

Improve access to primary care - change the way is provided.

Joint approach - help patients manage their health, visit your local access point.

Care Navigation extended practice teaching. Diabetes outreach clinic. Reduce DNA's (did not attend) cross sharing staff and resources. Advanced Practice Nurses.

To look at

Patients Wi-Fi digital literature. People keep well.

Direct referral to services.

Expectations IT technology training, develop facilities.

Still more to do..