

Sothall and Beighton Patient Forum

Minutes of the meeting Wednesday 3rd April 2019 at 6:30pm



Chair: Michael Lyall (Practice Manager)

Practice staff: Dr R A Welch

Minutes: ML

Members Present: SR, DR, CL, TS, CA, JW, CF, DB, AB

Apologies: KS, MK

ML opened the meeting by thanking everyone for attending and confirmed group agreement with the content of the minutes from the previous meeting

1. Newly appointed Neighbourhood volunteer coordinator

Amanda Broadhurst very kindly attended today's meeting to discuss her new role as Neighbourhood volunteer coordinator. Amanda's brand new role only started on 1st April therefore we are still very much in the planning and designing phase of this initiative. This is a new initiative which is being managed through the Woodhouse Forum health team. Woodhouse District Forum <https://www.mywoodhouse.co.uk/>, for a long time now have provided social prescribing support and work closely with practices in the area to improve the health of patients. They provide and support a wealth of initiatives which are all designed to help improve local people's health and wellbeing. They provide Sothall with two health coaches who support our patients to improve living with chronic pain and dietary modification. Amanda's remit is to recruit, manage and provide training and support for volunteers who will then go on to support practices and patients. There are a number of initial areas that Amanda is planning to focus on; however we are open to suggestions. These are:-

- Volunteer drivers, perhaps to ferry patients to and from appointments in their own cars, expenses / costs would be reimbursed
- Administration support: there may be some support that can be provided such as franking mail or supporting with Flu campaigns
- Peer support: this would involve a volunteer who is perhaps particularly good at managing their own health condition (e.g. diabetes or perhaps having gone through a particular experience) helping and supporting patients who may be newly diagnosed or may be finding this difficult; perhaps helping people who are recently bereaved or visiting people who are lonely. There is also another befriending initiative regarding this (see link) <https://www.letsbfriend.org.uk/>
- Digital support: the idea behind this is that a volunteer who has knowledge of IT systems could assist and instruct our patients to access online services via mobile apps or computers

Please watch our Facebook page <https://www.facebook.com/SothallMC/> and website <https://sothall.net/> for more information regarding this initiative when it becomes available. Amanda will, in the near future, start to actively recruit volunteers; the application process will be shared on the Woodhouse forum as well as our website.

2. Staffing at the practice

ML informed the forum that we now have as many clinical staff as we can afford within our given budget. Although this will realistically not mean that everyone can see a clinician whenever they choose, it does leave us with more available appointment than many other local surgeries. We now have two relatively new Doctors at the Practice, Dr G Howarth and Dr K Gane; they both bring a wealth of diverse experience to our practice and we are very pleased to have them on our team. We also have another recently appointed Physician Associate (PA) <https://www.fparcp.co.uk/about-fpa/Who-are-physician-associates> .We have had a PA working at Sothall for almost four years now (Ria Agrawal). Our New PA is also called Ria (Ria Davies) which has unfortunately led to some confusion with patients, as they were anticipating seeing Ria A. We would like to assure patients that our new PA is equally qualified and is rapidly gaining experience. They are both more than capable of dealing with conditions you would present with, and moreover are very happy to refer to one of our GP's should that be necessary.

3. Practice improvement works over coming months

We are planning to improve some of the clinical flooring over coming months. Many of our surgery rooms are carpeted, and we are planning to replace many of these carpets with vinyl as you would see in most hospitals. This is going to cause some disruption to but is essential to maintain and improve our standards. We will do all we can to minimise any disruption and keep you informed of this work as it proceeds We would ask that patients are understanding during this time

4. Diabetes Prevention Week

This week is Diabetes prevention week <https://www.diabetes.org.uk/preventing-type-2-diabetes/diabetes-prevention-week> . There have recently been many improvements in how we manage and control diabetes and there is now much more emphasis on patients taking control: small changes to lifestyle can have dramatic effects on this condition which can improve patients' lives so much. All of our Nurses and HCA's have had extensive additional training in self-care and dietary modification and are excellently placed to support and advise in this area.

5. Patient call board and waiting room TV screen

One of the Forum members asked if the red patient call screen and the TV could be replaced by a TV system with sound that also calls the patients. ML explained that this is a system that is available. Money spent on this system would need to be taken from somewhere else in the practice. The main provider of this type of system charge £2000 initial set up and almost £500 annually. There is another provider who provides a service for a hugely reduced (even free) however this company is paid for by advertisements that are almost constantly run on the screen, often medications and pharmaceuticals which would appear as endorsed by the practice. Our current system was paid for by the practice but is very cost effective: the presentations are produced by us and we have complete autonomy over the content. This was discussed with the group and the consensus appeared to be that this was the best system at the moment. Further suggestions were made regarding the Jayex board (patient call screen above TV) . It was suggested that as there are a number of 'looped' messages

scrolling on this screen, it was easy to miss your own name when it's called. ML and Dr Welch agreed that some of the messages are historic and can be removed or transferred to the TV screen. Over the coming weeks we will remove these messages, and slow down the rate at which patient calls are scrolled across the screen. It was suggested that perhaps the local School would be interested in supporting the practice in regularly updating the on screen presentation, ML may look into this option.

Post meeting note, for logistical reasons we would still need to use this board for short time patient information messages, such as 'Dr running late'.

AOB

a) The time taken to get through on the telephone was discussed; the patient in question already had an appointment for Monday but had forgotten what time this was, she only wanted to check the time of her appointment. By the time she got through the appointment time had unfortunately passed. ML explained that we have and continue to look at improvements that can be made. We discussed the pros and cons of the new system and ML explained that, especially on a Monday Morning there are so many patients calling the surgery at the same time that we can't find a suitable solution within our budget and available equipment. We are actively promoting self-care; there is a link to this <http://www.selfcareforum.org/resources/patient-portal/#commonconditions> on our website and there are messages for those waiting to look at the website, in the hope that some patients will see that their condition is self-limiting or can be seen at the local pharmacy etc. We have four staff answering the telephones whenever possible; even four staff are insufficient to meet the extreme peaks we see especially every Monday. We are constantly looking at ways to improve. However patients do have a part to play in this: please avoid calling early in the mornings if your call is not for an appointment with a GP; we do not give out results or take repeat prescription requests before 10:30 for this reason.

There being no further discussions, the meeting closed at 19:35

Next meeting (provisionally) Wednesday 5th June 2019, 18.30 at Sothall Medical Centre.