



Patient Participation Group - Meeting Minutes

Meeting date: Monday 3rd December 2018

Meeting time: 6:15pm – 8:30pm

Attendees:	Apologies:
(CB)	(AW)
(JG)	(BH)
(MC)	Dr Andrew Coombes (GP Partner - AC)
(MG)	
(MW)	
(AW)	
(SJB)	
(JM)	
(EM)	
Nicky Fennell (Clinical manager & lead nurse - NF)	
Sally Charlton (Practice manager - SHMC)	
Nikki Jones (Organisational manager - NJ)	

Welcome and apologies

SHMC welcomed everyone to the meeting and introduced EM new group member and JM's daughter to the group.

Clinical manager, lead nurse and diabetes specialist Nicky Fennell (NF) was also introduced to the group.

NJ passed on apologies received from Dr Coombes (covering an evening improved access clinic at Cinderford), AW and BH.

Cinderford telephone system upgrade

SHMC confirmed the planned telephone system upgrade for Cinderford was installed last week. For slightly less cost than the previous system the site is benefitting from an improved system and call recording. Practice doctors and nurses have quite involved patient conversations and telephone consultations, it will be handy for them to be able to go back and listen to a call again when need arises. The other benefit with this lies in training and development and use of best practice examples to maintain standards as high as possible. Call recording will last one month before overwriting occurs. Rachel Kear (systems administrator) worked with engineers across three full days during install. The initial greeting from Dr Smith advises that calls are recorded for monitoring and training purposes.

Child flu party clinics

NF advised the practice is into the 7th year of utilising nasal spray to vaccinate children against flu. The child nasal spray is a very good, effective vaccine and other than it being a live vaccine, it has lower side effects. The cohort of healthy children eligible for vaccination has grown, with an extra age year being

added each year. For the whole of last year's campaign we only managed to vaccinate 67 healthy 2-3 year-olds. To try and increase uptake, a different approach has been taken this year, by means of child flu party clinics. 76 have been vaccinated after just 2 party clinics. Parents received a flu party invitation for their child, snacks and games formed part of the clinics. An aim was to reduce anxiety and get mothers talking. Only 2 of the children that attended cried. Following the success of the first clinics, plans are in hand to run another party clinic in January. **NF** also advised that schools are not very good at promoting and encouraging flu vaccination uptake.

The next adult drop in clinic is scheduled for Saturday 15th December noon-3pm. Volunteers have done fundraising cake sales at the clinics and this has gone well. **JG** also volunteered to help and spent time talking to patients about the patient group.

EM advised that as a college student she is not allowed to take time out for routine appointment needs and the college deems flu vaccination as a routine appointment need. **NF** reminded about the Saturday drop in clinics and confirmed that 5 minute appointment bookings for other dates and times can also be made through reception.

CB discussed having encountered aching limbs following vaccination this year. **NF** confirmed this is a recognised normal side effect. **NF** also reassured the group that it is perfectly safe for flu and shingles vaccines to be given on the same day.

Supporting health initiative days

NF and Kelly Coleman (another practice nurse) ran a cake stall in the waiting room for the Macmillan cancer day; the success of this is what led to cake stalls being repeated in flu clinics. **NF** advised patients were very generous and approximately £200 was raised. This was also a health education and support event for our patients. Some patients are willing to help fundraise for our equipment fund and to help with raising our profile within the community. The practice is looking to set up a separate group for this in 2019.

NF discussed initial plans to follow the calendar with other nationally recognised health initiative days, for example Stoptober, National diabetes day and to include some promotions of our own. She is unsure as yet how this will work, thought is being given to an educational board for the waiting room that could include information about what is planned.

JM suggested a 12th May initiative called millions missing, which is to raise awareness of chronic fatigue syndrome.

NJ suggested a mental health initiative.

Premises development

SHMC discussed a recent article in the Forester that included some things that were a complete surprise to us and inaccurate – for example indication that the new health centre will open 13 hours per day, 7 days a week!

This project is currently still at the planning stage with consideration being given to the former Englehard site. Plans are for both practices to base in the new building, but continue to run separately. There are no current intentions to merge as 1 practice. The doctors like operating as smaller units and it gives patients choice. Expansion space for the future is being incorporated in planning.

Third party developer Assura is being utilised for the build and this is the only way to move forwards. As occupiers the practices will have identical separate leases, a 25 year lease is felt to be a long-time for GP partners to sign up to. Lease terms are currently being looked into by a solicitor. A hold is in place for the plot. If lease issues can be sorted soon the build may start in February or March, with hopefully a

move in by early 2020. **SHMC** feels enough is now being written into the lease to reassure GP partners.

JG advised that Lydney residents are not happy that Cinderford has been granted a new health centre and the new community hospital.

JG queried if the integrated services based at the Belle Vue Centre could be offered space in the new health centre as they link to GP services.

SHMC advised Gloucestershire Care Services have been offered space, unsure if they will take up this offer as they have responsibility for the new hospital.

JW queried and **SHMC** advised the new health centre and community hospital are unlikely to be on the same site, as this would delay the new health centre build by about 5 years.

EM advised that bus services are not good from Ruardean. **SHMC** reminded that there is a facility in Ruardean for Ruardean patients, there may be unknown plans to review bus routes and divert buses in the future. **JG** recalled patients having been surveyed about traveling to and from the health centre. The majority of those surveyed indicated they drive. **JW** recognised that you will never please everyone at the same time.

SHMC confirmed there are plans for the new build to be dementia friendly, this will result in specific colour schemes being taken into account. Orange and red are colours that work well for dementia patients, blue and green do not.

JM advised that a quiet area may work well for patients with Autism. Supermarkets are adopting a quiet hour, when lights are dulled, music is not played etc. **SHMC** agreed to flag this with developers.

SHMC advised that group members with flexibility are very welcome to attend some of the planning meetings with the surveyor etc. **MC** and **JG** confirmed having flexibility to attend. **JM** would be able to attend on a Monday or Friday, but would need plenty of notice of meetings on other days.

Nurse diabetes awareness session

NF confirmed the practice had recently held a diabetes awareness session in conjunction with the November World diabetes day. The session involved education for patients, dietary advice, sign-posting etc.

NF advised it is currently exciting times in Diabetes, that she is very interested in the 800 calorie diet which is having some success, but needs to be done healthily. Exercise is key, just a 30 minute walk a day helps.

There is currently a large campaign regarding pre-diabetes.

A HBA1C blood test is carried out to identify the percentage of glucose to red blood cell.

- Normal range is below 41
- Pre or at risk of diabetes range is 42 – 47
- Diabetes is confirmed at 48 or above

Diabetes is heavily about starch (carbo-hydrates) as this is one big sugar molecule and the body cannot cope with it. We need some in our diet as it gives energy; however, portion control is needed.

Hypoglycaemia (low blood sugar) and Hyperglycaemia (high blood sugar) are significant issues.

Friends & family test (FFT) survey feedback

NJ provided handouts summarising FFT survey feed-back for the past 12 months.

93% of patients surveyed confirmed they were either extremely likely or likely to recommend our practice to friends and family if they needed similar care.

The group reviewed some comments and suggestions listed, linked to question 2 “Tell us one thing we could change about your care or treatment, to improve your experience”.

NJ & SHMC advised appointment access was again a regular feature; patient uptake of Improved Access clinic appointments is very good. Forest practices work together collaboratively to provide these extra appointments, which are available weekday evenings and Saturday mornings. Nurse appointments for treatment room needs such as dressings, ear wash outs, immunisations, smear tests etc are available to book through this scheme, however chronic disease appointments are not. Patients book IA appointments through reception at their own practice, but may attend an appointment at a different practice. Receptionists are able to book these appointments from 9am each day.

The practice already also provides extended hours on Monday and Wednesday mornings and a Tuesday evening. This has run for many years.

It was recognised that some patients are put off using the out-of-hours service due to use of out-of-county or even out-of-country doctors.

JG suggested displaying a notice to notify the number of patients who have not arrived for appointments.

SHMC & NJ advised the notice boards in the foyer were not practice notice boards or under practice control.

SHMC confirmed waiting room chairs are due to be re-upholstered.

Reference was made to the locked patient toilets. **NJ** confirmed the decision was taken to keep these locked due to the amount of damage done to them too regularly. **SHMC** reminded that the disabled toilet remains accessible all day without the need to request a key. A suggestion was made to have a key padlock on the main patient toilets with a code that changes monthly, available at reception.

JM & EM advised you can be held up checking in by patients with lengthy queries. **SHMC** advised a rolling reminder will be added to media screens for patients checking in at reception, to arrive early perhaps 5 minutes ahead of their appointment time. There may be an occasional need to flag needing to check in with the duty receptionist.

Post meeting reminder: There is an automated check in point to use instead of queuing at reception to check in for an appointment.

SHMC confirmed the government want 30% of patients registered for online access; we currently have 21% registered. However we are considering changing clinical software and patients registered for this service will need to re-register if a change takes place.

JM & EM advised some patients may be put off due to needing to fill in a form and provide identity. **SHMC** confirmed that guidance initially was very tight due to plans for patients to eventually have on-line access to medical records. The practice can now vouch for patients who are well-known. **JM** suggested the practice running some awareness sessions for patients on their training afternoons so that patients can benefit from some training.

Friends & family test – new 3rd question

NJ advised a new 3rd question is needed. Agreement was reached for a question to be set linked to patient information and confidentiality.

PPG representation

SHMC advised representation guidance specifies that the patient group should consist of a cross section of members, varied ages, male, female, varied ethnic background, disabled, workers, non-workers etc. Recommendations for new members who would give an increased cross-section of our patient population to the group would be appreciated.

Christmas meal

NF discussed plans for a Christmas meal 1-3pm on Wednesday 12th December for some of our most vulnerable and isolated patients, identified by the practice. Those invited include a mix of elderly, recently bereaved, lonely, socially isolated, voluntary carers needing a little respite etc. A bi-lateral amputee at Hanover Court is hoping to arrange transport to attend. The event is being fully sponsored by local businesses and tradesmen. Cinderford rugby club has agreed to host and prepare a 3 course meal. A raffle will take place and we are looking into having a school choir present for half hour to sing carols while patients arrive. Schools are proving reluctant as it is the lunch period. **SJB** offered to speak to Littledean school. A number of the team and some of the sponsors have volunteered to assist at the event. Group members are welcome to pop in.

Friends of Forest Health Care group

A Friends of Forest Health Care voluntary group will be starting in January; this group will focus on raising practice profile within the community and fundraising for the equipment fund. The group will initially be mainly staff, but hopefully will grow to include patient volunteers.

Around-the-table:

JM queried if any further patient issues had been encountered since the previous meeting. **SHMC & NJ** confirmed no further issues have occurred, following two letters having been sent.

NJ advised 3 complaints have been received in one day from patients who have been asked to re-register as they have moved outside the boundaries of the practice catchment area.

MW advised she is very happy with how she is treated by receptionists and has never encountered a problem. Has also recently completed a survey and cannot think how the practice could improve.

MG suggested plastic footprint as a future agenda item, to look at recycling and packaging.

JG advised that a lot of practices employ a pharmacist and some send them to care homes to review medication.

SHMC confirmed that de-prescribing is being looked at by the practice, particularly for frail patients. There is a big push on reviewing patients on high numbers of medication. A Clinical Pharmacist works at the practice once a week, with time split across both sites. Patients can be booked into consultations. Nurse Prescribers are also involved in looking at this.

JW flagged planned road closures for re-surfacing work, due to take place in 2 stages. Daytime closure 9am – 3pm is planned for 3 weeks from 7th – 21st December and again for a 3 week period in January. This may affect patient attendance and clinicians needing to do home visits.

SHMC advised more group member practice visits would be planned for the current business quarter.

Next meeting

SHMC & NJ thanked everyone for attending the meeting. **NJ** confirmed a March date would be planned for the next group meeting.