



Patient Participation Group - Meeting Minutes

Meeting date: Monday 25th March 2019

Meeting time: 6:15pm – 8:30pm

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

Welcome and apologies

SHMC welcomed and thanked everyone for attending.

NJ passed on apologies received from JG, BH and AC.

Group member changes

SHMC advised that following a recent discussion a group member had decided to withdraw from the group.

Discussion took place regarding the recruitment of future new members and trial attendance at a couple of meetings before joining the group fully.

Staff changes - leavers & starters

NJ advised that urgent care team member TM had finished work at the practice, having missed his former many years of work as a Paramedic. Urgent care team member Paula increases her number of working days from 2 to 4 from April and another Advanced Nurse Practitioner will be recruited to work a Wednesday.

NJ also advised that longest-serving receptionist Sandra Wynn was due to finish at the practice this week. A new receptionist Julie Evans joins the team from April.

A new Medical Administrator Joanne Smith has joined the team, initially to cover scanning, following a request from a long serving member of the team to reduce working hours. The practice has had a very busy recruitment period and a busy induction and training period will naturally follow.

Senior Medical Receptionist role

NJ and LG discussed LG's appointment to a Senior Medical Receptionist role, following almost 3 years' service at the practice, having joined with prior managerial experience. LG will continue to work within the reception team, leading the team from within. It is anticipated that the role development for LG will work very well.

CQC new regime & practice review

SHMC advised the group that the Care Quality Commission (CQC) were changing the approach to practice inspections from 1st April 2019. FHC's last inspection was in November 2015. A telephone call was received mid-March advising that a distance review would take place once per year. FHC is one of the first practice's to undertake this new approach. Detailed form completion and submission will be followed by a conference call. The practice will identify process changes and communicate other useful information. Patients can share experiences and opinions via the CQC website. There will not necessarily be a planned inspection visit as the CQC plan to carry out more unplanned ad-hoc inspection visits.

Brexit impact assessment

SHMC confirmed having recently completed a Brexit impact assessment. One area that would have direct impact is the supply chain for drugs and clinical stock (such as dressings). Practices were advised 3 months ago that stock piling is not permitted, we can therefore wait and respond under guidance. NHS England will direct what should happen. The NHS goes into great detail when responding to a threat to primary health care, as was the case with Swine Flu and Ebola. Advice has been to consider workforce, but this is not applicable to or an issue for FHC. If we remain in the EU a new directive named the Falsified Medicines Directive will be enforced, this aims to track every piece of medicine by bar code from manufacture to the end user.

Mental health reviews

NF advised that as part of the practice ongoing consideration to waiting times for GP appointments, plans are in hand for some reviews to be carried out by the nursing team. A lot of GP time is taken up with mental health, dementia and frailty reviews, which have social and signposting elements. The practice is in the process of developing a protocol for the nursing team.

NJ advised external feedback indicates that nursing teams are viewed by patients as caring and good listeners. Indication from external bodies is that patients generally open up and talk to nurses more readily than to doctors.

NF advised that Hypertension management and Carer assessments are work areas that will be nursing team led with support from a Clinical Pharmacist with Hypertension.

It was clarified that Social Prescribing referral forms are sent with patient consent to a hub at the county council, who then assess what is needed and sign-post to support services as appropriate.

Discussion took place regarding a new venture at the Belle Vue Centre in Cinderford, looking at changing behaviours and lifestyles through group coaching and therapy.

Health initiative days update

NF discussed a display board within Cinderford waiting room, with each calendar month having a new focus with related information. Following the McMillan Cancer day the focus promoted the Great Oaks Hospice. In February alongside Valentine's Day the nurses ran a "love your heart" campaign. Plans are in hand for world cancer day and an educational focus regarding insulin safety for diabetic patients.

NF clarified that there are specialist nurses for different types of cancer and that Great Oaks Hospice provide a sitting service for families needing some support and respite.

Friends of Forest Health Care Group

NF advised this voluntary group which is currently made up of staff and some of their family members, have taken over a social afternoon 1:30-3:30 on Thursday afternoons at Cinderford Rugby Club. This is due to the long-standing "Derby and Joan" club folding.

There is tea, coffee, cakes, a raffle, a game of bingo, time to chat etc. The group is having a trip to Weston, some of the volunteers are taking their children along too. This is an organised, part-funded trip through Grindles Coaches. There are also plans for a lunch outing to the Belfry, Littledean.

30 attended the last afternoon. The age range is varied with the youngest currently attending 45 and the eldest over 90. The aim is to combat social isolation and loneliness within the community. Attendees are enjoying the afternoons and the group is steadily growing.

15 Steps challenge

SHMC advised that this is a pilot that group member Meryl has volunteered to help with. The 15 steps relates to walking into a practice, health centre, hospital ward etc and being able to accurately predict what type of care specific groups of patients will receive within 15 steps of walking in (for example mental health patients). Expert volunteers review premises, produce a report giving feedback and making suggestions for improvements. FHC is due to be reviewed in April. Some good suggestions may be received to consider for the new health centre.

New Health Centre development update

SHMA confirmed all GP Partners have signed the lease agreement. Developers can now buy and exchange on the plot. Patient group input moving forwards will be very helpful and appreciated.

Clinical software change

SHMC advised the practice plans to move from Vision to Emis software, the system that is in use by the majority of practices within the Forest locality. Vision software was the market leader, but this is no longer the case and issues are regularly encountered. With just under 8000 patients the practice will need to stop recording entries on computerised medical records 3 to 4 days before changeover. Teething problems are naturally anticipated and staff training will need to happen.

NJ advised new members of the team will unfortunately need to learn two different clinical software systems in quick succession.

Health Watch meeting attendance

NJ advised that Health Watch Gloucestershire have historically had some involvement through representatives attending some patient group meetings. They have indicated that they would like to re-start having representatives attend. A representative was planned but then unfortunately unable to attend this meeting; hopefully someone will be able to make the next meeting.

Gloucester Royal Hospital – referrals/booking office/linked complaints

NJ discussed an increase in patient concerns and complaints linked to referral process and issues obtaining appointments. Increased concerns have been shared with the practice and direct with PALS at GRH and the CCG.

Group member CB advised she had had 5 separate appointments booked and then cancelled.

NJ confirmed plans are in hand for the booking office to move into a bigger building and that extra staff are in the process of being recruited. Plans are also in hand for a review of the e-referral system. It was recognised that there is very high patient demand for consultant clinic appointments and that hospitals are having similar problems with trying to meet patient demand that GP practices experience.

Young adults' survey

NJ discussed a survey that young adults aged 16-25 had been invited to participate in. Survey feedback indicated:

- **87.5%** were aware that any conversation with the practice is treated as confidential
- **75%** were aware of the practice website and the useful information page for young adults
- **65%** were aware they could book appointments, order prescriptions, view records online

Of those who had spoken to a receptionist recently, feedback indicated:

- **77.5%** found the receptionist friendly
- **70%** found the receptionist helpful
- **75%** felt they were treated with respect
- **70%** had confidence in the way they were spoken to
- **65%** felt the receptionist had guided and assisted fully with their request

There were a few linked comments:

- She was rude and it made me feel as if I should change my doctors
- Quite rude
- There is only 1 receptionist that is friendly the rest think they are doctors
- Some receptionists fulfil all these wonderfully, but I hate ringing in case I get the grump one who makes me feel like I'm not allowed an appointment and that I'm not ill enough

Of those who had seen a nurse or doctor recently, feedback indicated:

- **92.5%** felt they were treated with respect
- **87.5%** felt listened to carefully
- **82.5%** felt their concern was understood
- **90%** felt they could trust the doctor or nurse

There were a few linked comments:

- All nurses and doctors that I've seen treat me with respect and kindness
- I've still got the problem I went to the doctor with and when I talk it's like he's not listening

- Doctor made some slightly patronising/condescending comments
- I found the Dr didn't really listen. I will also always try not to have an appointment with one Dr because I find him very unhelpful.

Participants were also asked "What else could we do at Forest Health Care for you and other young adults?" Suggestions and feedback included:

- Listen
- Be more informative about emergency doctor appointments and have more posters being informative about help lines for people who feel suicidal, depressed or anxious
- Provide an emergency sexual health clinic. The closest one is Gloucester and those who work full time can't get there when it's open
- I think it's ridiculous that I can't ring and make an appointment within a week or so. Instead I have to ring on the day to get seen. This is not acceptable as I have work commitments
- Nothing
- Inform about the services of being able to access records etc online/phone and the website too
- Make the waiting list shorter
- Not a lot
- Offer more support for mental health issues and for young mothers who are suffering with postnatal depression and please erect some posters about sepsis
- To keep young adults informed. For example vaccinations that are available for young adults that are in the age group for starting college/university
- Make ordering over the phone easier
- Bring back free Chlamydia testing to reception
- You have to wait too long for an appointment. Also, keep better track of baby immunisations. Timings seemed to be confused and a week late

Feedback has been shared at a practice meeting with doctors and will be shared across the practice team. The practice will give consideration to feedback and suggestions, with a view to making any possible changes and improvements.

Around-the-table

SHMC handed out local NHS long-term plan booklets for patients to take home with them.

SHMC shared a couple of examples of contract changes from April:

- NHS 111 will have some appointment availability online enabling them to book some patients direct into practice appointments. This will save the reception team a few phone calls. LG advised it will also highlight issues with availability and limitations. LG confirmed some of the NHS 111 calls referred back to the practice as urgent needs are not actually urgent. Recently a patient was referred back as urgent for an itchy foot.
- Developing Primary Care Networks (PCN's) – the Forest locality is already one step ahead with this due to collaborative working among local practices with the improved access pilot. Extended hours funding is being stopped. The Government wants appointments provided 8am to 8pm Monday to Saturday. This will help small practices to increase resilience. A new budget will go to the network and a limited company will need to be set up to handle financial aspects of centralised funding.

MW advised he finds it very difficult to book appointments with Dr Coombes. Recently attended an IA appointment at Severnbank and is reluctant to attend there again - also consulted with an IA doctor at Coleford who was excellent. SHMC confirmed that waiting times for appointments with Dr Coombes are similar to waiting times for other practice doctors. Non-English speaking patients need interpreter support for their appointments and this takes at least double the amount of usual appointment time. For confidentiality and safeguarding reasons Doctors are not allowed to rely on a family member or a friend for interpretation. The NHS have a funded service in place for interpretation with practices use.

SJB also advised pharmacies are taking longer to process prescriptions and a number of problems have been encountered. SHMC & NF confirmed that both Boots and Co-operative pharmacies in Cinderford have been relying on locum pharmacists travelling from Birmingham, Worcester and beyond. The same problems are being encountered in other areas, including Bristol and Swindon. There is a lack of trained pharmacists around the country. NJ advised that she uses Drybrook pharmacy and this works very well, due to seemingly having a lower demand than the town centre practices, this may however change, as NJ is aware more patients are starting to use Drybrook instead of the Cinderford pharmacies.

JW discussed the need for communicating with young adults in a way that best suits them. Consideration to be given to a learning afternoon event dedicated to this. It was also suggested that a student liaison officer at the new college may have some helpful ideas.

Next meeting date

Possible June dates were discussed and it was agreed a July date may need to be considered. It was recognised that due to this being peak holiday time of year it may be difficult to find a date that will work for everyone.