

HALL GROVE / PARKWAY PRACTICE

PATIENTS' VOICE

Meeting on Tuesday 28th May 2019 2pm at Parkway

Minutes

Present: Peter Wilson (Chair), Kate Graeme-Cook, Andrew Longman, .Nice Connell, Stephen Wentworth, Dr Martin Benfield, Anne Knight

1. *Apologies for absence*

Apologies were received from Roger Hudson, Peter Gramson,

2. *Minutes of the meeting held 18th April*

The minutes were agreed as accurate.

2.1. *Matters arising*

In the absence of several members of the group, the following agenda items were carried forward:
2.1.1, 2.1.5, 3.1.2, 5

2.2. *Booking blood tests on line*

This is not possible. Arrangements are being made for patients to send a message via the computer system and receptionists will be able to confirm the request with a doctor and set up an appointment with the phlebotomist.

2.3. *Social Prescribing*

Anne reported that the first social prescribing clinic has been held and three patients attended. The clinic was reported to have run very well and the next one will take place on June 8th. There are leaflets promoting the clinic in reception. If uptake follows the pattern at Spring House surgery, attendance will increase steadily with time. Receptionists will also be able to recognise patients who could benefit from attending.

2.4. *Cancer information booklet*

Anne confirmed that she is currently working on the leaflet and expects it to be print ready by the end of the week. **Action AK**

2.5. *PV Profile and Newsletter*

The suggestion of including PV information and news in the practice newsletter rather than a separate PV newsletter was discussed. Martin agreed that this was practical and he had already included some references to PV news in past editions of the practice newsletter, e.g. Parkruns.

In relation to resurrecting the old PPG email address and contacting patients, a suggestion to re-establish the existing file of patient email addresses was put in abeyance for the present. Instead it was agreed to set up a new email address for patients to contact PV and publish it in the newsletter (?and on the website). Every occasion the email address is published should be accompanied with a warning not to include confidential information

It was agreed that the most practical way to manage incoming emails from patients would be for nominated members of PV to receive and process messages. Any that contain information that should be handled by the practice would be returned to the sender with an appropriate message but

not referred to the practice Message to be drafted.

Action PW/AL

It was agreed to check how other practices in the locality managed incoming patient emails.

Action PW

2.6. *Parkruns and exercise.*

Andrew has supplied information to Anne but this has been misplaced. Andrew agreed to send another copy.

Action AK

Andrew reported on a recent mass run organised by the County Council. The target was 1,000 participants. The result was 720 which, although below target, demonstrated the effectiveness of the organisation and that people will turn out for these exercise events. In WGC, two contributing events attracted over 100 participants.

2.7. *Self Health Checks*

It was agreed to accept Chen's suggestion of waiting for the results of the current discussions on e-consultations. The proposed systems include self help sections. If adopted, a new system could reduce the need for PV to work on self help information for patients.

2.8. *Let's Cancel Cancer*

The group agreed that this was a useful event. Anne reported that it coincided with a *Target* event for clinical staff which had a focus on screening, Martin mentioned the introduction of the new bowel cancer screening test. The value of the initiative for its intended purpose of increasing cancer awareness and early diagnosis was recognised and appreciated. The group also recognised the risk of non-clinical presenters making assumptions in response to questions.

Steve mentioned that the focus of the presentation was on training for new presenters. Also, the content could be cut and pasted for patient leaflets in the practice. Anne confirmed that if we did that they could be printed in colour. Peter will feed back.

Action PW

3. *Patients' Voice Projects*

3.1. *Childrens' Mental Health*

Members discussed the performance details of the local CAMHS service.

GPs are frustrated by CAMHS referring patients back to the practice instead of referring them on to alternative, perhaps more relevant, services. Martin mentioned that only about 35% of patients needed to see a psychiatrist. The other 65% would more appropriately be referred on to another service such as Youth Talk or parenting classes which are self referral. The referring GP and parent(s) receive letters to advise this.

However, both CAMHS and self referral options have waiting lists and the onward referral process needs better co-ordination. The involvement of social prescribing may be helpful as will the forthcoming triage initiative promised by Herts Partnership Trust. Would it be beneficial for PV and other patient groups to press for a more rapid introduction of triage?

Action PW

We also need the views from Mind.

Action PG

4. *Dementia Friends*

There was a brief discussion of displaying the photo art supplied by Stephen and his wife. Anne promised that this would be done.

5. *CCG Consultation on communications and engagement strategy*

The intention to continue engagement with patients as part of the CCG strategic objectives was welcomed as were the intentions in the engagement strategy.

The CCG is encouraged to give focus to services that do not meet current needs, even if current provision meets NHS requirements. If the needs of patients are not met by the service this is the most important consideration. Diabetes and mental health are two examples. This would reduce service inequality. The inclusion of patients more widely in the commissioning process would be an opportunity for oversight in addition to views on service issues such as convenience, accessibility and quality.

The concept of 'Winter Warmer' was welcomed although members were concerned that it could duplicate similar established initiatives. In a discussion of identifying possible participants, it was suggested that carers might benefit from a regular break and the opportunity to meet other carers. Isabel Hospice may be able to suggest participants.

6. Any Other Business

6.1. Primary Care Networks

GP Practices are required to establish working networks with a combined patient population of between 30,000 and 50,000. This size of patient population is expected to achieve a more efficient way to provide patient services, e.g. by providing a physiotherapy service in one practice on behalf of all members of the network.

Funding is being provided for specific services. The first is Social Prescribing.

Hall Grove has joined in a network with Garden City Practice and Spring House giving a total of 32,000 patients. The clinical director for the first 18 months is Dr Preenal Shah.

6.2. Anne reported that the trainees have been working on Healthwalks. They have prepared patient leaflets and these have been placed in all the surgeries.

6.3. The new website is still in development. Anne confirmed that PV members will be invited to review the next stage when it is ready.

6.4. Nice enquired about the practice offer to patients with dementia. Anne confirmed that they are identified on the computer system so that staff can respond appropriately to their needs. She also confirmed that patients' carers can attend consultations with the patient.

6.5. Meeting dates.

It was agreed that it would be helpful to set meeting dates well in advance, e.g. up to Christmas. Andrew agreed to do this.

Action AL

7. Date of Next Meeting

Thursday June 20th, 2pm at Parkway. PW cannot attend; volunteers to chair the meeting please.

Actions

Cancer information booklet AK

Message(s) for patient emails and practice in other surgeries PW/AL

Re-send information leaflet about Parkruns AL

Feedback on Lets Cancel Cancer PW

Childrens' Mental Health, triage PW Views from Mind PG

Meeting dates AL