

**MINUTES OF THE HALL GROVE GROUP PRACTICE  
PATIENTS' VOICE MEETING 15 August 2019**

Present: Peter Wilson (Chair,), Nice Connell, Kate Graeme-Cook, Peter Gramson, Andrew Longman,.

1. *Apologies for Absence* – Stephen Wentworth, Helen and Roger Eames, Roger Hudson
2. *Minutes of the Last Meeting* 16<sup>th</sup> July 2019 – accepted with one correction. Minute 2.2.1 replace carers with *cancer*

2.1. Matters Arising

- 2.1.1. Information for diabetics. – Peter G suggested that this ongoing action should be cancelled and reintroduced if Roger is able to bring a further contribution on diabetes. Agreed
- 2.1.2. Parkruns and Exercise – Andrew confirmed that information on exercise is now available on the reception desk and this item should be closed. Agreed.
- 2.1.3. Dementia Friends and Photo Art – carried forward
- 2.1.4. eConsult – Noted that the launch of eConsult has been delayed until September 3 or 10. The group agreed that the demonstration should go ahead in the meeting on September 19 and that it should be brief and to the point. The request from the company for a questionnaire on eConsult to be completed by group members has been postponed to allow for the questionnaire to be edited.
- 2.1.5. Information screens – Peter W reported on viewing the information screens. 75 Slides were observed. Of these the information on 16 (21%) was judged to be inadequate, either the print was too small to be read easily and/or there was too much detail to be read and possibly copy contact details before the slide was changed. The worst offender was the Measles slide from Public Health England. Three slides had no proper attribution and therefore no means for a patient to follow up if they wished.

Peter W reported that this information has been sent to the CCG, who circulate the slides, with a request for patient involvement in their selection and some editorial guidelines Action has been promised. The group agreed that if action is not forthcoming we should press the CCG and the practice to drop the slides from the CCG and rely only on slides produced by the practice. After all, the practice is in a good position to judge the most important information to display to patients.

- 2.1.6. Communicating with Patients – This item has been discussed by the practice. Their conclusions have been relayed by Chen as follows:

2.1.6.1. *PV e-mail address: **Option B – Using an External System, e.g. Gmail:** was the preferred choice. It was highlighted during the Partners meeting that we would want to make sure that any e-mail correspondences from this mailbox makes it clear that: **“The Patients Voice’ is an independent group of Hall Grove Group Practice.”** We would also not want e-mails to be forwarded to the practice but instead for those patients views to be collated and presented back at PV meetings. It is important that if any clinical e-mails are received the patients are told that they need to contact the surgery directly and the PV will not be doing this on their behalf. The person from the practice to have access would be Anne.*

2.1.6.2. These conclusions were accepted by the group and will be incorporated into the operating procedure which will be produced. Other features discussed included:

2.1.6.3. Including a request to patients not to include clinical information in replies

- 2.1.6.4. Advising that the inbox will be monitored at intervals by PV.
- 2.1.6.5. Including an unsubscribe option for recipients
- 2.1.6.6. Adopting the email address proposed by Andrew – [patientsvoice.hggp@gmail.com](mailto:patientsvoice.hggp@gmail.com)

2.1.7. We were informed by Anne that we can have the patient email addresses collected by PV over the years. However, as these have been deleted from the practice system they will have to be entered into the contacts section of the new email account. Although email addresses have been deleted, the group asked if they exist in the patient database and can be exported for the group. Work on the communications system will continue. **Action AL/PW**

2.1.8. Skin Clinics – Chen reported from the partners meeting as follows:

*Minor Illness Clinic: This was discussed again at the recent Partners meeting and the Partners highlighted that this was discussed at length during the recent away afternoon we had. Finola was employed by the practice as a minor illness nurse foremost. At present there is more of a clinical need for patients to be offered appointments with her on the day for minor ailments; particularly on Monday and Tuesdays. This then subsequently left us to dedicate skin health appointments on a Wednesday. The problem we continue to face remains that appointments are being booked for doctors/nurses/allied health care professionals which could be better dealt with by self-care or seeing a pharmacist. We hope that with the eConsult platform we will be able to start working to negate this. Ideally we would like to have Finola working for 5 days a week but this is not possible. It was suggested that the PV could approach other practices to see how they organize their skin health appointments and feed this back at the next meeting. The Partnership will continue to review appointments in general on a regular basis.*

The group welcomed the additional information supplied by Anne that patients from the skin clinic sometimes need review by Finola and are seen in the minor ailments clinics on Mondays and Tuesdays. Peter G would like further discussion and will contact Chen. **Action PG**

3. Carers – Peter reported on a discussion of carers with Anne. She confirmed that the carers register is being kept up to date but that it has proved difficult to identify and register young carers. She has welcomed the idea of approaching the other practices in the PCN to have a joint discussion on approaches to services for carers and share ways in which young carers can be identified.

**Action AK/PW**

There was a discussion about ways in which PV can contact carers through our section of the website and also via email. Also if we can add to carers experience when they attend the practice for health checks. Agreed to produce suggestions for the practice newsletter. **Action PG**

We will also use CCG contacts with other PPGs to learn what happens in other practices. **Action PW**

4. Children and Mental Health – PW reported on activities since the last meeting including raising the problem of access to clinics at a CCG meeting and obtaining information about plans to introduce a comprehensive new strategy for triage and referral of patients (Thrive). However the strategy includes the referral of some patients to CAMHS so service improvement will still be essential. Further information is required. Resource information on the Thrive strategy will be circulated. **Action PW**

The paper on access to CAMHS has been discussed with two practice members. They identified the problem of staff recruitment as a contributory factor and suggest that a period for observation of the Thrive strategy might be appropriate.

5. Contributions to the practice newsletter – Kate offered to draft an opening statement for the newsletter and PV emails , PW to work on completing the draft. **Action KG-C/PW**
6. Primary Care Network – Agreed to suggest a meeting with the chairs of the other PPGs in the PCN. Purpose would be to discuss if there is any merit in sharing ideas, resources and tasks. **Action PW**
7. Practice Website – Possible content of the PV section were discussed including dementia, cancer, walks, extended hours appointments, exercise and building a resource section.
8. The dates of forthcoming flu clinics were noted and the need to make vaccinations available to carers also noted. The group agreed to distribute information sheets at clinics this year rather than conduct a survey. Several topics were discussed and resources on Healthy Eating selected as an option to explore. **Action PG/PW**
9. Any Other Business
  - 9.1. Andrew reminded the group of the need to identify a new chair to take over at the October meeting. It was agreed that we need some new members, preferably younger and this would be a key task for the future. A new chair could be supported by a new way of working in which PV activities and responsibilities are devolved among members of the group. Expressions of interest are invited from all members. PW is available for questions and discussion.
  - 9.2. Date of Next Meeting – Thursday September 19, 2pm **at Parkway**. To include eConsult demonstration.