

Summary Sixways Patient Participation Group Meeting

Thursday 9th March 2017

Attendees:

Mrs Nicola Wright Practice Manager

4 patient representatives

Apologies:

Introductions by all present	
Appointment planning and capacity analysis	<ul style="list-style-type: none">• Received support from the CCG for a company to analyse our appointments and demand, and make suggestions on how to structure clinics and staff to accommodate patient demand• In the process of collating required data for analysis and then they will be meeting with GP's in May to present their findings• Need to ensure that we consider how any further changes to appointments are communicated for both staff and patients- look at training for receptionists to deal with appt queries and navigating patients to the most appropriate clinician.• Discussed the changes that were made in October following CQC feedback, the pre-bookable appointments after 5pm have been successful
Staffing update	<ul style="list-style-type: none">• We discussed changes to staffing, mainly within our nursing team including:• New ANP starting early June, very experienced, will be running minor ailments clinics. Will also be able to offer follow up appointments to ensure continuity of care. Will also be able to do home visits• Discussed opportunities to communicate new ANP role and advantages of seeing ANP to patients. NW to look at a TV message, updating website and potentially a leaflet explaining the ANP role• Discussed that our senior nurse Hannah will now be taking over the primary care for chronic disease patients including those with asthma, diabetes, CHD etc.• We have recruited an additional treatment room nurse who will support with baby immunisation clinics, cytology screening, wounds and injections.• Our HCA Vicky has received additional training and is now able to support with wound care.
New practice website	<ul style="list-style-type: none">• We discussed our new practice website which is now live. It has a number of advantages including improved navigation, clearer links to online services, tablet and phone compatible.• We are looking to create a specific section for children and young people's services
Social prescribing	<ul style="list-style-type: none">• Discussed that social prescribing is a key area of focus for the

	<p>Clinical Commissioning Group</p> <ul style="list-style-type: none"> • Patients can be referred from the practice for a number of “social” issues including benefits support, social isolation, mental health and well-being, caring responsibilities • They will have a 40 min appointment with a support person who will be able to sign post them to appropriate support and services. Sixways has 8 allocated appointments per week • We have had some issues with engagement, from both the social prescribing team and the GP’s. • We now have a new social prescribing contact which should help, and Dr Ubhi has taken on the role of GP champion. • Discussed whether information on the TV would help promotion of the service. NW to investigate
Mental Health support for children and young people	<ul style="list-style-type: none"> • RT clarified additional information around the services available for young people including Teens In Crisis and CAMHS. There is a crisis in children’s mental health due to lack of resource/support, waiting times, particularly for CAMHS can be long. All agreed it’s not the role of the GP to provide children’s mental health services, but need to ensure that eating disorders, self-harming etc. are recognised and referred, and that these patients are then seen within appropriate timescales. • Discussed whether there was a GP with a particular interest in children’s MH, NW to discuss with GP’s
Increase PPG size and engagement	<ul style="list-style-type: none"> • Discussed that we ideally would like to increase the size of the PPG group, and the diversity, ideally younger members. Discussed ways to try and engage people, reception to target patients, signs in the waiting room and on the TV. NW to also look at promoting more on the website • Could partly be an issue as to when we hold the meetings, and when people are able to attend. We have tried both afternoon and early evening meetings, could look at mid-morning/lunchtime as an option for next meeting?
AOB	<ul style="list-style-type: none"> • Discussed the current layout of the front reception and desk, and the difficulties with privacy due to the limited space between the doors and reception desk. NW to investigate whether there is an opportunity to extend the entrance to make this space larger, improving access and giving increased privacy for those at the desk • Discussed that the practice will be getting one day per week of clinical pharmacist time, from a pharmacist employed by our cluster of practices (Leckhampton, Sevenposts, Winchcombe, Stoke Road and ourselves) Pharmacist support has worked well in other local practices and they will be able to support the GP’s with medication queries as well as reviews for our elderly/frail patients. Depending on the success of this role the practice may look to employ a pharmacist directly for additional hours, to further expand our clinical team. • Discussed the “pharmacy first” message and whether patients are doing this in practice. NW view is that patient’s still feel they need to see a GP for everything and that this needs to form part of a wider patient communication piece across the county. • Discussed the additional services now offered within the practice

	<p>including sexual health clinics and minor operations/steroid injections. All felt that this was better for patients and also provided a variety and more specialised opportunities for GP's.</p> <ul style="list-style-type: none"> • Discussed the current diabetic enhanced service which Sixways as a practice does not participate. We feel strongly that this level of specialised care needs to be provided by secondary care. We also felt that the funding was so low for us to provide this service that we could not provide the correct care for that money. GH feels that the practice was correct to take this stand. • Discussed paying for services, and whether patients should pay for appointments. Difficult to know where to draw the line. RW recently received a letter re a scan, which mentioned the cost and asked for a donation. We discussed the current level of appointments not attended by patients and not cancelled (DNA's) Currently this is approx. 150 appointments per month; this is a significant amount of wasted clinical time. Potentially patients would be more likely to cancel if they risked being charged.
Next meeting	<ul style="list-style-type: none"> • Agreed next meeting June/July- ensure a GP can also attend