

Minutes of New Hayesbank Surgery Patient Participation Group 1st May 2019

Apologies: Ms Stuttaford, Ms Kirby & Ms Simcox, Mrs Shilling, Mr Vaughan.

Attended: Mrs Peters, Mrs Knight, Mr Burrill, Mrs Fryer, Ms De Gray- Birch, Mr Lovell, Mr Morley, Mrs Sims, Mrs Baker, Mrs Power, Ms Denny, Mrs Hatton, Mr Bridle, Mrs Vaughan, Caron Browning, Mark Hughes & Dr Sharp

1: Agreement of minutes from 16th January 2019: These were agreed.

2: Matters arising from the meeting on 16th January:

- a) **Patient survey:** We had no volunteers to form the focus group following the last patient group meeting. We recently had a very nice comment following a post-natal check from a patient who runs a nursery group. We have since approached them to see if we can use the groups to pass on our information to new mothers. This made us consider whether we should look to carry out a survey on patient education and services. Could we do a patient survey around service awareness and where patients struggle to access service locally? As if services are not used then they lose their funding. It was agreed that we would arrange a separate meeting for a focus group to get together and come up with some questions for the survey. It was felt that the practice could learn a lot from the results and will help us signpost services. If we do not get any volunteers following the meeting Mark will e-mail the patient group in order to form a focus group for this.
- b) **Telephone lines-** We have been in talks with BT regarding some of the problems GP's and patients are experiencing with the phone lines. They think they can resolve the problems and this will help GP's to get dedicated outside lines and speed up the response to patients telephone consultations.
- c) **Online booking of appointments-** We had enabled this, but had to remove due to the level of inappropriate booking. We are looking to make some amendments to the system and relaunch shortly. The new NHS APP has now been released and this will make it easier for patients to create an online account without having to come into the practice with ID.

A patient asked how do the receptionists decide what is urgent and what is routine. Caron explained that receptionists have had training, attended monthly meetings and work from a comprehensive list put together by GP's as to what is routine and urgent. Caron attended a seminar recently and active signposting by receptionists is a key NHS target. It was asked how we deal with patients who are inarticulate or English is not their first language. We use patient records to help identify patients with communication issues and also have access to telephone interpreters and sign language interpreters. It was felt giving patients a time they would be called would help. The biggest problem the practice has with this is that the GP can have up to 60 contacts a day and they will call them based upon clinical need, so we can't always promise when they will call.

Caron recently met with a local head teacher as we had been told there were issues with teachers not being able to use phones at school. The head informed us that though staff could not take a call during classes they have lunch breaks and finish by 3 most days, so there is some flexibility. Following this we asked the reception team to ask questions and

details like this within the appointment booking so we can try and accommodate them. All Ashford practices are now using telephone triage and we as an employer allow staff to take calls as this is beneficial to them and us as an employer as it avoids time off work. We want to work with our patients to evolve our system and feedback really helps. We are now putting in more routine telephone appointments as we know this is what is currently required. A recent study in Lancashire found that on the day appointments were primarily for sore throat, infections, ear ache & conjunctivitis. So they created a nurse Patient Group Directive that allowed the pharmacy to prescribe for this. This is the type of idea we want to look at for our Primary Care Network. We are always looking at continual improvement and how the services can be provided by a clinician other than a GP when possible. A lot of work is also being done on an Urgent Treatment Centre for Ashford and we will keep the group updated.

- d) **Accessing results online**- The functionality for this is now available. We will be trialling this and speaking to other practices to see how we can make the best use of it. New Hayesbank recently received a letter of congratulations from NHS England due to the exceptionally high number of Electronic Prescriptions we generate. The use of IT is key to improving systems and reducing GP workload so we are very invested in this.
- e) **Reception audit**- Following the most recent audit we have managed to start processing prescriptions quicker. We are also addressing other issues raised on the audit and have discussed these at our internal working group. Following our access survey we have completed the staining of the stairway hand rail so it is more visible to partially sighted patients. We have also had members of staff walk around the practice to look for other areas of improvement. We will be looking at possible sites for a second check in screen as both receptionists and patients thought this would help. We will also remove as much as possible from around check in board and make the sign bigger.

3: Practice Update: A new nurse, Roxana has joined from a specialist care home. We have also introduced Nina Stewart the first primary care mental health nurse in the Ashford, and this is working well. Our receptionist Kerrie will be going on maternity leave in the near future so we will be recruiting two new receptionists. Dr Pun is now back from maternity leave and Dr Lau, Dr Lazz and Dr Hussain have all agreed to long term locum positions together with a very experienced nurse practitioner Paul Cornforth. Robert the clinical pharmacist has settled in and is carrying out medication reviews and updates which is saving a lot of GP time. Our nursing team are embarking on a number of different qualifications that will help enhance their skills and enable them to offer more services. The areas include NVQ, minor illness, prescribing, advanced masters to prescribe & tissue viability.

We are now part of the Ashford Stour Primary Care Network that encompasses 100,000 patients over 7 practices. We are working together to provide services and Dr Rashid is the clinical director so this gives us a good voice locally.

We are now regularly hosting rheumatology services, Dementia drop in clinics, ultrasound and physiotherapy.

7: Engage: Eve De Gray- Birch attended our group meeting on behalf of Engage Kent. Engage want to get views from members of public on mental health. Eve asked a number of questions about mental health and the group's personal and family experiences. Amongst these were if you were diagnosed with mental health issues where would you go? The majority said GP, but also included the NHS, websites, Living Well, Kings College, Citizens Advice Bureau, Hospice, Think Action and The Samaritans. Eve also asked that would have made it easier when trying to find help? The main responses were having more time with the health professional, being able to access counselling & CBT more easily and having a consistent service in all geographical areas. Those who had accessed services generally felt they were good once you had managed to be seen, but the main difficulty was getting the first contact.

Dr Sharp said there is a gap in child and adolescent care but good online resources are available. Kooth is very useful. Eve asked what people would have found useful. The main response was leaflets and books. Patients were asked that if they had a magic wand where they would want to find information. The main responses were television, Facebook, websites, pharmacies and supermarkets. They also feel we need to encourage people to talk about mental health and be better at recognising it. People suffering can think some advertising is patronising and we need to challenge the culture. The group felt that we need to be proactive when giving patients information.

A patient asked what you do if a 3rd party is suffering, but won't engage with mental health services. They were informed that you can inform that persons GP who can then contact the patient if there is a risk.

Terms of reference for patient group: These have not been updated since the group's inception and it was felt that the group has moved on considerably and we should review these. Inequality is something we should identify and try to address. An example of this is that patients in some groups are not coming forward for screening which can cause serious issues further down the line. The Health walks are a good example of what the PPG can achieve. This started with 2 people and is now attracting large numbers of walkers for many years.

Caron agreed that she would look for best practice guidance and then e-mail and post out information to the group to get feedback. We should also try to encourage a more diverse membership. We can hopefully bring this back to a future meeting and agree. If anyone has any ideas they should contact Caron or Mark in the meantime.

It was felt that the patient group should have more input to the agenda and input on the direction of improvements. We need to decide what the primary purpose of the group is and build from there. i.e. mission statement.

4: Cancer research: We discussed current screening rates for breast and bowel screening and New Hayesbank is above average in both areas. If we are informed a patient does not attend screening we also write to them and this does help with uptake. There is a new bowel screening test that is much simpler and it is hoped that this will further increase uptake. Screening has also been improved to reduce false positives. We are signing up to the national cancer audit. There is training taking place with GP's on safety netting and patients at high risk of cancer. There has also been staff training on raising awareness and spotting symptoms. There is a big push in Kent to get early diagnosis and screening is vital to this.

5: Dementia drop in clinic: This starts at New Hayesbank this Friday. Dr Andrews will see patients and their carers at the clinic, as well as bringing along advisors and solicitors for patient to access. Clinics will be held on a monthly rotation here, South Ashford and Ham Street. Patients from all practices can come.

6. Primary Care Networks (PCN): We had already mentioned this earlier in the meeting. It is very new and at its formative stage. NHS England has said that all practices in the country have to be part of a PCN. Ashford will have two PCN's. Rural – Is Ivy Court, Charing, Woodchurch and Ham Street. All other Ashford practices will form the Ashford Stour PCN. The PCN's have been designed to help practices work together and share resources. It is also hoped it will help to tackle health inequalities. We will also receive additional data to flag up areas to focus on. We feel this is a really positive move Dr Rashid is clinical director, chair of ACP and voted to sit on strategic boards. This gives New Hayesbank great insight into what changes are planned and a voice at a federation level.

8: Speakers- We discussed possible future speakers and subjects we would like to cover. Diet & nutrition and Health promotion were both mentioned. The HENRY scheme in Leeds is focussed on child health and we could look at something like that locally. Caron will discuss this with Dr Rashid.

9: Any Other Business- New PPG Members: It was mentioned that when new members attend we should go round the table introducing ourselves. This was agreed. We also need to refrain from using technical words and abbreviations where possible.

Parking: The road running opposite the surgery belongs to garden centre and there are currently no yellow lines, which has led to an increase in people parking there. Caron will ask garden centre if they can address this.

Ashford Health & Wellbeing Group: Mr Morley informed the group that Ashford Health & Wellbeing have set up a reference group to get views on what services are required in Ashford. There are various groups to be held and the next is on 11th June at the Ray Allen Centre. Among other things they will be discussing the GP led and Urgent Treatment Centre. Dr Rashid will be attending.

Date of Next Meeting: 4th September 2019 at 18:30