

Stainland Road Medical Centre

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Dr EL Hammond Dr S Martin Dr LL Fairbairn Dr F Azam Dr S Asfand-E-Yar Dr EC Heap Dr MC Sowden

PATIENT REFERENCE GROUP MEETING

Monday 5th March 2018

PRESENT

10 Patients

Dr M Sowden

Dr S Martin

Janet Marino – Practice Manager

Katherine Rhodes – Minute taker

Dr F Azam

Dr E Hammond

APOLOGIES

4 Patients

JM welcomed everyone to the meeting.

CLINICAL STAFFING CHANGES

JM began by updating the group on the current situation with clinical staffing changes. As per previous meeting, Dr Sowden joined us last year & will continue to work full time. Dr Shamas left the surgery last year and unfortunately, Dr Heap has been on long term sickness absence since last year and is unlikely to return to work. Dr Fairbairn decided to emigrate to New Zealand therefore she has now left the surgery.

We have appointed a new GP, Dr Ring (male) who will be joining us in May 2018, after he has worked his notice period at his current practice. At this time, we will be back up to full quota of GP consisting of 4 male GP's and 2 female GP's.

Lucy Greenwood, one of our practice nurses, is currently training to be a Nurse Practitioner and it is hoped she will be fully qualified later in the year. We have already taken on a trainee practice nurse (Debbie Brook) to help fill the breach once Lucy steps up.

In addition to the above, Dr Ring is a "GP Trainer" and Dr Yar is currently training to be a "GP Trainer" and come August we will be in a position once again to take on a GP Registrars.

CALDERDALE HEALTH FORUM

- Patient Reference Group

BB has once again been attending the meetings on behalf of the group. She is of the opinion that CHF are struggling to maintain attendees and indeed recruit new members. It has also been noted that the meetings have not been well attended by the CCG but it is hoped there will be more representation at the next meeting.

From discussions with reps from other surgeries, BB informed us that our PRG is incredibly well supported by clinical staff in comparison to others.

BBnow feels it's time for a fresh pair of eyes to take over the role of CHF rep and would like to step down. Meetings are held quarterly (next meeting Tuesday 13th March) and she would be more than happy to attend a meeting with another member so they can get a feel of what it's about.

➤ **Action:**

Anyone who wishes to volunteer for this, please contact JM ASAP

Following on from this, the question was raised "What does the Practice want to achieve from the PRG sessions moving forward? "

We discussed the idea of setting up a mini task force to look into this, based on a steer from the practice and guidelines which JM has come across from the National Association of Patient Participation (NAPP) <https://www.napp.org.uk/intro.html>

JM did reiterate the importance of the PRG to the practice. Consultation with patients is vital to the success of the practice and the PRG works well to this effect.

There was a general consensus that the PRG should continue to be a 2 way process, not just the practice steering the discussions but also continuing to give the group the opportunity to raise issues from a patient viewpoint.

The "You said.....We did....." campaign went down incredibly well in terms of communicating actions/updates to patients so moving forward, the group thought we should look into this, as part of the discussions to be had in the mini task force.

Volunteers for the mini task force:- AR; TT & MJ

➤ **Actions:**

JM to discuss with GPs what they feel the aims of the PRG should be.

JM to convene a meeting for the mini task force to look into how to enhance/develop the PRG to achieve the practice aims. Items for consideration – patient experience eg: friends & family, questionnaires etc?; "virtual group" – could this be developed?

It was noted that the group felt they have always achieved something at each of these meetings and were appreciative of these sessions.

- Pennine GP Alliance

Dr Azam started by giving the group an overview as to what the Alliance is and how it came about (see Health Forum presentation attached to agenda). He then went on to discuss some of the initiatives put in place by the Alliance:

- Extended access – 5 Hubs are being set up across Calderdale to ensure all patients have access to appointments between the hours of 6.30-8pm Mon-Fri. The appointments are for both routine and/or urgent problems and are booked through your usual practice. Patients can request to see a GP; Practice Nurse; Healthcare Assistant or Pharmacist.

Stainland Road patients wanting an appointment during these hours will be seen at Station Road surgery. Other patients seen at Station Road are from Bankfield, Brig Royd, Burley St and Meadowdale.

Dr Azam explained that Stainland Road Medical Centre did not offer to host these Out of Hours sessions for our Hub as it would have fallen to our clinical team to staff these clinics and we felt this would have resulted in dedicating less time to our own patients.

Patients at Stainland Road now have access to GP advice/treatment/appointments between the hours of 8am-8pm, Mon-Fri.

0800-0830hrs – Local Care Direct answer any calls to the surgery, giving advice as appropriate.

0830-1830hrs – the practice telephone lines and surgery doors are open.

1830-2000hrs – patients can attend pre-booked appointment at Station Road surgery.

24/7 – patients can order prescriptions & book/cancel appointments on-line. 34.2% of practice patients are signed up to this service.

When asked if the group felt that the above arrangements met the needs of our patients, the group immediately unanimously concurred and no-one had any reservations that this would not meet the patients' needs.

- Wound care training – Practice Nurses have been given the opportunity to be trained by hospital staff, to ensure a consistent level/standard across all surgeries. Our nurses attended this and the feedback has been excellent. Our HCA will be looking to attend a future training session as well.
- Reception signposting – an initiative being funded by NHS England, looking into educating patients about other options available to them (not just GP appointments) but promoting other services such as the pharmacy, social groups etc. Training is being rolled out to practices in May so watch this space.
- Mail protocol – funding given by NHS England to develop improved processes for dealing with the 1000's of letters received in GP practices on a daily basis. Dr Azam was personally involved with this project and we were the pilot site with very successful results. Letters were circulated/actioned much more efficiently, taking pressure off the GP's & freeing up their time to concentrate on seeing patients. Dr Azam is now running some sessions to roll this out to other practices in Calderdale.

CALDERDALE CCG

JM provided the group with a brief overview of a new initiative for which the CCG can bid for funding – Online Services. The CCG are looking to select a provider for a potential on-line consultation service. Dr Martin has volunteered to work with the CCG team to procure an e-consultation system for Calderdale. It is hoped he will attend the meetings from the outset and will be involved in the discussions around how this will work, safety concerns, costings, support & training etc. The funding available is only for 3 years after which point, each surgery will be responsible for all future costs for maintaining such a service.

Some practices nationwide already operate similar systems so this is not an entirely new initiative. Feedback from these pilot sites suggest it is a very useful tool and liked by patients and clinicians.

The group expressed an interest in a demo if possible, as & when the decision is made to proceed with the e-consultation proposal.

PRG QUESTION TO GP's ("How do the GPs view whatever progress has been made since the CCG was formed?")

The GP's answer to this question was mixed. The CCG have put in place some excellent measures to help the GP's such as the QUEST nursing team (working closely with care homes) and Winter Pressure schemes

(extra funding to provide extra appointments Nov – Mar). The GP's felt that the CCG are now listening more to the GP's but at the same time, they are more driven in terms of implementing best practice across all surgeries which can be too admin-heavy.

A clinically led commissioning group was viewed as a good thing, in principal but unfortunately, it does not always work in practice due to financial constraints/responsibilities, the focus for CCG being very much on cost savings.

AOB

The group asked if we as a practice knew the current situation with the CRH/HRI A&E scenario. We have not received any further information about this.

DATE OF NEXT MEETING

TBA dependent on outcome of discussions regarding the mini task force.

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