

THE NORTHOLME PRACTICE

Patient Participation Group

Minutes

Date: Tuesday 4th April 2017

Present: Northolme

Diane Harris – Practice Manager (Chair)
Jenny Heavyside – Clinical Information Manager
Richard Nicolas- IT Manager
Judi Anderson – Practice Administrator
Karen Ding - Reception Manager
Sharon Hird – Receptionist

Patient Group

Suzanne Copley
Sue De Lacy
Diane Sykes
Andy Brander
Barry Meadowcroft
Fiona Hubbard
Philomena Lorrigan

	Decision/Agreed action	Action and date
Agenda Items:		
Apologies	From Dr Cameron, Enid McBride and Jen Lawton	
1	No new members	
2 Minutes of last meeting	The minutes of the last meeting on Tuesday 1 st November were agreed	
3 Matters arising	Matters arising will be covered throughout the meeting	
4 Friends and Family	First of all we thanked Sue for her help at the F&F days at Northowram. We also asked for any volunteers to help out at both surgeries and interest was shown by several members of the group present. They will contact the reception managers. The practice has a target day once a month for collecting FFT (friends and family test), however, we have asked for help on any day that was convenient for group member to help out. It was raised that the patients were not always interested in filling out the forms but it was felt that by talking to patients this helped promote the PPG and	

	<p>our online services.</p> <p>The group asked for feedback in relation to the Samsung tablet but no details were available at present. Due to a change of provider the tablet will be removed</p> <p>The group went through a list of frequent questions asked in particular Blood clinics and Parking.</p> <p>We are unable to have phlebotomy clinics at Northowram due to not having the room availability for this. We currently have a Monday morning blood clinic at Northowram from 8.30am to 9.30am. We have now added a Thursday morning blood clinic 8.30am to 9.30am to help with this.</p> <p>Parking at both sites. As a practice cars parked in the surgery car parks are done so at the owners risk and when parking on the road side please be mindful of residents drives and access.</p> <p>The group asked for a notice to be displayed asking for patients to park responsibly and respect the neighbourhood, this will also be mentioned in the Practice newsletter.</p> <p>.</p>	
5 Online update	<p>Richard gave figures at the meeting, We had at the end of March 1444 patients registered which equates to 9.7% leaving us with 20 patients short to hit our 10% target. We need 20% by the 31st March 2018.</p> <p>Our new website went live in December 2016 and as a result we have seen an increase in patients viewing the website, booking appointments and ordering prescriptions.</p> <p>Figures for prescriptions ordered online were January 108, February 123 and March 203. Appointments booked online were January 88, February 84 and March 119. Figures for the website views were January 9000, February 11600 and March 15000.</p> <p>It was asked for an update on proxy access and access for children. The Practice still has a lot of work to do on this before it can be allowed.</p>	

6 Annual Report	<p>The Annual Report will at sent out with the minutes of this meeting</p>	
7 News	<p>We have had another change around with our nursing team.</p> <p>We have a new nurse lead, Savoula Ryan who joined the Practice on the 23rd February.</p> <p>Natalie Shaw joined the team as Treatment Room Nurse.</p> <p>Victoria Thompson re-joined the team last October to cover nurse absence and has left this month to go on her travels .</p> <p>Jane Salisbury will return in May/June and Lauren Eastwood will leave about the same time to go on maternity leave.</p> <p>We have a new FY2, Dr Simon Crossland who will be with the Practice for 4 months.</p> <p>We are in the process of changing the surgery name to the Northolme Practice Northowram and the Northolme Practice Hipperholme.</p> <p>We are also in the process of re numbering all the rooms at both surgeries to consecutive numbers.</p> <p>We now have television screens in all the waiting rooms giving patient information.</p> <p>Both waiting rooms at Kos and Northowram have been reorganised to provide more space and the play area at Kos has been updated.</p> <p>Peter Galvin has retired from the group after many years and we would like to pass on our thanks to him for all his help and support.</p> <p>We have seen a decrease in the number of patients not attending appointments over the last few months,</p>	

8 Health Forum

All group members are happy to share email addresses for any future meetings so they can arrange between themselves to share transport to and from the meetings.

Calderdale Health Forum Notes –

14 March 2017

Your Space Table Conversation Topics and discussion:

1. On-line GP Services

The context for this discussion was around three questions:

- What are the benefits and disadvantages to patients?
- Is there a need to increase patient use of the on-line facilities?
- Should Patient Groups help promote on-line services to patients and, if so, how?

Research into uptake of on-line services to several local practices indicated that some practices have very few patients who are registering on-line. Boulevard and Plane Trees surgeries were outliers with on-line booking of appointments and ordering of prescriptions in excess of 30%. Benefits and disadvantages were indicated as:

Benefits	Disadvantages
<ul style="list-style-type: none">• Book or cancel appointments on line via a PC or phone• Renew or order repeat prescriptions• Eliminates need to visit surgery to order prescription• View parts of your GP health records• Service is free• Better activity record – reduction in errors	<ul style="list-style-type: none">• Need to be PC literate• Older patients use GP surgeries more than younger people but are usually less familiar with PC's and mobiles• Personal touch reduced – conversations with practice staff and Pharmacist

How can PPGs working with the Practice promote and increase on-line use.

- Survey patients to find out awareness of the on-line

	<p>service.</p> <ul style="list-style-type: none"> • Offer training in use of a PC to access the service • Monitor the results <p>Accessibility of Website:</p> <ul style="list-style-type: none"> • Not accessible for everyone – older people, people who are not IT literate. • National system so you can't change the look/make it more accessible for people. • Can't always offer repeat prescription services. • Could be displayed better on practice websites. • Can practices choose what is available to you through the system? • Can't always use it to make appointments with nurse – sometimes nurse practitioner. <p>Are there disadvantages for people who don't like/use on-line services?</p> <ul style="list-style-type: none"> • Reduced availability of appointments. • How many appointments are available on-line? • Look at the area covered by the people using the practice. • Fewer errors than telephone. • Reception staff have more availability to deal with other people who can't get on-line – reduced demand. <p>Are people just registered or using it?</p> <ul style="list-style-type: none"> • Difference between people using it properly and being registered. <p>Tie in with record sharing</p> <ul style="list-style-type: none"> • Why don't all organisations hold records? Why isn't it one single system? <p>What is a good take up rate?</p> <ul style="list-style-type: none"> • Information in the practice. 	
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	<ul style="list-style-type: none"> • Good quality information on the website • SMS reminders – ‘you can change this on-line’. <p>2. Are we duplicating Patient Reference Groups/Communications</p> <p>The context of this conversation was around the potential/perceived duplication of work carried out by the different groups.</p> <ul style="list-style-type: none"> • Practice Champions – who are they and how are they funded? • It is recommended to have a Patient Reference Group. Is it contracted and who does this? • Relationship between this group and Forum. • Patient Reference Groups – minutes disseminated promptly so we can take to our meeting. • To take note of e-mailing lists. • Communication via Patient Reference Groups depends on the Practice Manager. • Engagement groups – diabetics, care homes – How is this information relayed to us and what is our involvement for? <p>3. Return of Appliances</p> <p>The context for this discussion was the waste/cost to the NHS and Social Services of the non- return of equipment</p> <ul style="list-style-type: none"> • Equipment such as Zimmer frames and crutches not returned • Communication between user and supplier • NHS Overspend • Wasted equipment ends up in skips • Cleaning of equipment • Social Services and NHS hospitals to track equipment that is given out • Can CCG influence social services to get back? • Does everybody know where to take equipment back 	
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- No incentive to give back – no deposit.

4. Shingles Vaccinations/ British Thyroid Association

The context for this conversation was around why are the rules for the shingles vaccinations so inflexible:

- None of the surgeries seem to be given the correct information to pass on.
- People who have suffered from shingles are not being offered the injection even though they are in the age group 70 or 78. We would like to know how we can get this vaccination without having to pay for it.
- Most of us have had shingles.

The context for the 'Shingles' conversation was around GP's being asked to encourage patients who are on long term medications to move to cheaper versions. The case of Liothyronine T3 and the alternative of Levothyroxine T4 does not suit everyone was discussed.

Liothyronine sodium UK cost for 28 tablets = £258 – Concordia

LT3 France cost for 30 tablets = 2.75 Euros

LT3 Thybon – Germany – 100 tablets = 25.53 Euros

In recent years there has been a surge in the LT3 price to a magnitude in excess of 100%. These increases appear to have arisen from exploitation of a loop hole in the NHS pricing system. Generic NHS products are not controlled. This is a measure which was designed to encourage competitive pricing but which can have the opposite effect.

This doesn't just apply to Lyothyronine but to lots of other medications. GPs have been given a list of medications that should be changed for cheaper ones.

- **Car Parking and Facilities for Patients with Severe Disabilities**

The context for this discussion was the difficulties experienced with car parking at Calderdale Royal Hospital:

- Different types of systems at different entrances. Notices don't tell you that the first 30 minutes are free. Cost of pre-paying – Need to over pay.
- Not a very good public transport system: difficult to cross the main road.

- Is the shuttle bus between the two hospitals available for patients?
- When will new car park be started? Before or after the new hospital is built?

The context for 'Facilities for Patients with Severe Disabilities' discussion was around conditions involving severe developmental delay and the facilities available for patients with these conditions in hospitals.

- No provision for adults who have severe developmental delay where can they be catered for? Eg of a 30 year old adult who is like a 9 month old.
- No facilities for parents/carers to stay with such people.

Other information sharing topics covered at the meeting were:

- **Strategic Transformation Plan (STP) – Stoke**
- **Patient Stories**
- **NHS Calderdale CCG Local and National Update on: Care homes in Calderdale, Travel and Transport Group, Rehabilitation and Recovery, Up and coming engagement.**

Minutes from the meeting provided by Suzanne.

- Your space and workshop covering topics to which we wanted answers. This included: the price of thyroid tablets; the age which shingles injections were available; the price of parking at the hospitals; how to access online patient services; unused/unwanted NHS equipment and where to return it; the facilities available (or not) for people with severe developmental delay when they are admitted to hospital.
- STP -Strategic Transformation Plans for people with strokes. This was a presentation by Helen Wright from Healthwatch Calderdale who explained about the Sustainability and Transformation Plan (I don't know what the difference is). She told us what Healthwatch did - Advice and Signposting, Independent Health Complaints advocacy and making our voice count. They are looking in Harrogate and West Yorkshire at a regional plan to reduce gaps in quality, health inequalities and finance. You can get in touch with them at www.healthwatchcalderdale.co.uk or phone 01422399433

	<ul style="list-style-type: none"> • Patient Stories - they want to hear stories of what happened to you when you were a patient; when you went to see your doctor, community health service or the hospital. It can be told by you, your family, your carer. It can be positive or negative, they want to better understand what is important to patients, their families, friends and carers when they use health services. They are part of CCGs (Clinical Commissioning groups) Claire Wyke gave the talk. (CCG.feedback@calderdale.nhs.uk). • Dawn Pearson, Senior Engagement Lead Calderdale CCG gave an update on Care Homes in Calderdale - meetings are being held to be discussed next time. Travel and transport group to be set up. Rehabilitation and recovery to be found on the website <p>The date of the next meeting is Tuesday 12th September and Tuesday 12th December.</p>	
9 AOB	<p>Barry is going to send an email to Diane re any other business.</p> <p>The magazine racks at both sites need to be looked at with a view to having them removed.</p> <p>It was felt the surgery was endorsing the companies' adverts.</p> <p>The TV screens will be updated to highlight to patients that 1 appointment = 1 problem and patients can book a double appointment if they feel this is required.</p>	
Date of next meeting:	Date for next meeting September 2017	