

PATIENT FORUM at the Over Wyre Medical Centre

MINUTES OF MEETING ON WEDNESDAY 14TH MARCH 2018 AT OWMC, PREESALL

PRESENT

Dr J, Kerrane, J. MacPhee (office manager), E. Blundell (nurse practitioner), S. Harris (office manager), I. Gibson (chair), M. Worsley (vice-chair), H. Roberts (secretary),
19 members.

1. INTRODUCTION

Ian welcomed everyone to the meeting. He then gave a reminder of the meaning of various acronyms relating to NHS bodies e.g. CCG (Clinical Commissioning Group), CQC (Care Quality Commission), NWAS (North West Ambulance Service), BTH (Blackpool Teaching Hospitals Foundation Trust (the Vic!) as these occur so frequently in information we receive, hear, or see on various websites.

2. MINUTES OF THE LAST MEETING

Were taken as read.

3. APOLOGIES

J. Morrison, A. Platt, A. Harrison, J. Firth, J. Hulme, R. Mollart, J. Hulme, A. Stockell
S. Telford.

4. PATIENT SURVEY 2017/2018

A new survey was needed as the existing one was out of date a week before the CQC inspection (CQC require one to take place annually). In order to compare results with the previous survey, the same questions were used. John MacPhee is looking for a minimum of 250 responses. The survey will close on 31 March. Ian urged anyone attending OWMC for an appointment to fill in the survey.

5. EXTENDED GP ACCESS (WEEKENDS & EVENINGS)

Everyone agreed the present service was very difficult to access – especially for non-drivers, who faced a prolonged bus journey (not even practicable for Freckleton) or a

prohibitive round-trip taxi fare of around £65 to Fleetwood. It was agreed that a service should be provided nearer to Over Wyre, for example in Poulton. The group was reminded that Ian and Malcolm are still pushing the case with the CCG and that Malcolm is also pursuing it with Ben Wallace MP.

It was asked why some patients had to travel to Fleetwood to access the Wound Care Service to have dressings changed. John explained that OWMC has a treatment room and the practice itself is funding a full-time and a part-time nurse for wound care. Although this is not a contractual requirement and receives no funding from the CCG, the practice decided to provide the service in recognition of the geographical isolation of the Over Wyre area and consequent travelling difficulties for many patients. However, this self-funding is not sustainable in the longer term and the practice is in the process of conducting an audit to assist in building a case for funding to present to the CCG. Ian commented that the PPG would be willing to assist in any way possible.

6. PPG in 2018 - NEW WAYS OF WORKING

The role that Health Champions (HC) will play in supporting the practice was again discussed at length, and John felt there was much potential for PPG volunteers to assist the practice in providing more holistic care for many patients. Frank related his experience as a counsellor and there was discussion around the risk potential if PPG volunteers were to meet patients privately i.e. with no practice member present. Dr Kerrane reminded the group that the NHS exists in a very litigious environment and it was agreed that to allow development of the HC concept and recruit more volunteers (there are already two), it will be necessary for the practice to produce clear Terms of Reference. It was agreed that John will prioritise this task.

7. PPG MEETING FREQUENCY & SPEAKERS

Everyone agreed that they were happy to have speakers at meetings. It was suggested that non-members of the group could be invited to attend for the speaker session, and this too was agreed. Ian sought the groups' view as to whether 3 or 4 annual PPG meetings was felt to be an appropriate number. On a show of hands, it was established that 4 meetings a year were favoured. A suggestion that one of the meetings would be a social meeting with no formal agenda and no speaker was discussed. Dr Kerrane expressed some doubt as to the value of such a meeting. A vote was taken, and it was agreed that there would be a trial, possibly at the next meeting in June.

8. OWMC PERFORMANCE INDICATORS

Ian asked if OWMC would share with the PPG on a monthly basis some performance measures, as many other practices do, e.g. waiting times, DNAs, numbers of face to face and telephone appointments, number of calls taken, test results and consultant reports reviewed, prescriptions and letters issued etc., etc. Dr Kerrane was keen to

know what the PPG intended to do with such data. Ian put forward his view that when this type of information was made available, people would be astonished at the amount of work undertaken by the practice, especially behind the scenes, which would lead to a far greater understanding and appreciation by patients of the services provided. John replied that the CCG were trialling a pilot scheme to look at historical data. Simone said that data related to phone calls was not collated by the new system. This will be discussed with the people who manage the system. Simone also will look at text appointments being sent nearer the date of the appointment. It was agreed that the practice will arrange to make some data available to the PPG.

9. PRACTICE UPDATE

Dr Kerrane described the CQC inspection as being very thorough, with many members of staff interviewed in depth. The CQC were interested in schemes such as the falls service and others such as asthma care. The staff were seen to be caring and polite to patients. Some patients were interviewed by the Inspectors, and Ian had had a long phone conversation with one of the CQC inspectors. Dr Lynch gave a PowerPoint presentation that was well received. The inspectors found the practice to be well led and awarded the practice an overall rating of 'Outstanding'. To date, this status has only been awarded to 4% of practices. Dr Kerrane praised John for his excellent work.

John confirmed that Garstang and Gt. Eccleston practices have now joined Fylde & Wyre CCG and will form the new **Wyre Rural Extended Neighbourhood (WREN)** along with OWMC. It is hoped that with two more rural practices now in our local CCG, there may be a better chance to have account taken within the CCG decision-making processes of the different challenges faced by rural practices and their patients.

A new GP Quality Contract has been agreed with the CCG. It will have particular focus on Long Term Conditions (LTCs), Mental Health and Safeguarding.

There is some neighbourhood funding available for digital projects.

A new app for online access is to be introduced, named *MyGP*. After the recent (and successful) great efforts to encourage OWMC patients to sign up to Patient Access, resulting in over 22% of patients now using online access (above the national average), John expressed concern that an early change to another system is far from helpful.

The group was informed that two more staff, Nicole and Katy, are expecting babies and that Julienne Markland will be retiring at the end of June.

Sarah Crosby and Jenene Dundas will be receiving diplomas on Chronic Kidney Disease and Generic Long-Term Conditions, respectively.

John referred to a new focus on **Social Prescribing (SP)** which has been defined as "a means of enabling primary care services to refer patients with social, emotional or practical needs to a range of local, non-clinical services, often provided by the voluntary and community sector." This means that GPs, nurses or other healthcare practitioners

work with patients to identify non-medical opportunities or interventions e.g. dance, gardening, walking football, that will help them adopt healthier lifestyles or improve wider social aspects of their lives. The PPG's plans to recruit Health Champions has the potential to greatly assist the practice in this respect.

Two apprentices – George and Gianluca - are close to completion of training.

The practice is continuing to review processes – e.g. recall system for patients with LTCs.

The practice had become concerned about some ridiculous negative comments being posted on a local community Facebook page. Ian suggested that the practice could allow patients to make comments on the OWMC Facebook page. The practice would then be able to delete abusive or scurrilous comments and other patients could add positive comments and challenge negative ones. Apparently at variance with the practice's historic policy, it then became apparent that comments are already being allowed.

10. OPEN FORUM

A member asked if rails could be put along the long corridor. Simone replied that there were too many doors and cupboards for rails to be installed, she added that a wheelchair is available for patient use.

It was pointed out that sometimes the booking-in screens did not show which waiting room to use. Simone said that the doctors always used the same rooms, but some members of staff used different rooms, so it was not always possible to indicate a waiting room.

11. AOB

There were no matters raised.

The next meeting will be held on Wednesday 13th June 2018
