

Patient Representative Group Meeting

Date: Thurs 7th March 2017

Present: Charlie Khan, Dineke de Jong, Joanna Robinson, Tim Nelson,
Susie Uprichard, Pippa Fitzsimmons and Alison White (minutes)

Agenda	ACTION
<ol style="list-style-type: none">1. Apologies – Jenny Bristow , Steve Joseph, Karen Deakin (Community Support Worker) Drs Gurjit Barn and Kirsty Goddard2. Matters Arising3. RB’s Resignation and membership4. DNA text message5. Neighbourhoods Update – social prescribing6. Citywide PPG meeting feedback7. Prescription order line (POL)8. Practice Newsletter9. AOB	
<p><u>Matters Arising</u></p> <p>Last meeting: Notices in waiting room. Looking better. Suggestion made to possibly back the front ones with the back ones or have a semi-opaque screen.</p> <p>RB’s resignation and PRG membership</p> <p>Robert Bragg has resigned due to health problems but would like to be kept informed of what is happening. Group gave thanks to Robert for his contributions.</p> <p>The Patient Group reviewed membership and feel they need to represent diversity of patient population including students. City Campus Branch Site Manager to contact Students Union or relevant department e.g. health and social care</p> <p>A notice to be put up by the self- check in machine – one of the current members of the group joined after seeing a similar poster.</p> <p>Staffing Update – as part of the GP trainee programme the registrars with the Practice change on rotation.</p>	<p>Porter Brook management</p> <p>Michelle PBMC reception</p>

<p>Dr Emily Blower is a new registrar with the Practice and will be here until August 17.</p> <p>Dr Laura Arblaster left us at the end of January 17.</p> <p>Dr Sam Martin – GP Registrar finishes his training with us on 3rd April. Dr Martin has been with the Practice since 2014 and will be sadly missed.</p>	
<p><u>Agenda</u></p> <p>DNA text message</p> <p>If a patient has consented to receive text messages, they are sent appointment reminders to their phone. We have recently introduced a system so that if an appointment is missed a text is sent to patient to say that they missed an appointment the day before.</p> <p>General agreement within group that missing appointments is not a good thing and that if a patient remembers to cancel even at the last minute, appointments can usually be given to someone else. The group feels that patients need to be reminded about missing appointments and are not generally in favour of a suggestion to highlight the number of people who did attend, as this may dilute the importance of the message to cancel an appointment when it is no longer needed.</p> <p>Ongoing DNAs are difficult to tackle. The Practice will monitor whether texts make an impact.</p> <p>Neighbourhoods Update:</p> <p>Social Prescribing</p> <p>16 neighbourhoods in Sheffield area. The purpose of the Neighbourhoods is to enable GP surgeries to work at scale to provide services to patients. Porter Brook and Student Health are working within two neighbourhood groups - City Centre and Student.</p> <p>The City Centre Neighbourhood is working to introduce social prescribing or 'Community Referrals' for non-clinical services e.g. housing, debt, social interaction. The GP could write a so-called 'social prescription' to a designated link worker who then directs the patient to the right source of support locally.</p> <p>Good example of where this has been done before successfully is in Bromley-by-Bow in London. Please see the following link below for more information. http://www.bbhc.org.uk/bbhc-social-prescribing</p> <p><i>Where would funding come from?</i> Idea would be that the link worker passes the patient onto services that are already funded/established, or to the voluntary sector where individual organisations e.g. Zest, Age UK, Shelter, Mind, already bid for funding to provide these kind of services.</p> <p>Sheffield City Council are about to launch a 'single point of access' for social</p>	<p>Porter Brook management</p>

prescribing. The aim being that the patient is signposted to the right service that they need.

A similar scheme has been run in Rotherham, where a liaison service for social prescribing was introduced. Their statistics showed a decrease in the number of A&E attendances in patients 3-4 months following its introduction. A scheme in Bristol showed similar figures.

At the moment the Community Support Worker Karen Deakin, who is based at Porter Brook, receives referrals for social support issues. She is employed by Sheffield City Council and has an extensive knowledge of services and can refer to a wide variety of voluntary organisations. Karen Deakin has been invited to attend the next PRG meeting in June.

There was a discussion regarding liaising with local community and language barriers. A suggestion of 'patient open days' was made to raise awareness of the Practice and services provided. Information could be collected via surveys and questionnaires. The Practice to consider proposal and resources required.

Neighbourhoods Cont. - Wrap around services

Susie Uprichard updated the group about how Neighbourhood groups can work effectively at scale – shifting care from secondary sector to the community; providing there are the appropriate resources.

Neighbourhood groups are looking to develop a support network for patients with mental health problems, to help them attend appointments and thus reduce the number of DNAs. However it is still very early days and the level of detail of how this will work has yet to be confirmed.

Student Neighbourhood

Dr Nikki Bates, Dr Adrian Mackie and Michelle Varney the Student Health Practice Manager are mainly involved in this group together with the representatives from the Sheffield University Health Centre. They usually meet at Sheffield Hallam University.

Discussions are around a Type I diabetes 'one-stop shop'. Secondary services (Sheffield Teaching Hospitals) are happy to hold consultant and nurse clinics at both University health centres. They are a group of patients with a chronic disease in transition both from paediatric to adult secondary care and living away from home possibly for the first time. As a group they tend to have poor control of their diabetes and struggle to attend hospital appointments. The aim is by bringing the clinic to the Practice it will improve attendance and hence improvement control of their diabetes.

The Neighbourhood are also reviewing mental health service provision. University students often have complex mental health needs and there is a proposal to develop

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a community team specifically for the student population.

Prescription Order Line

The Clinical Commissioning Group (CCG) asked citywide PRG groups to meet them to evaluate the Prescription Order Line (POL), which is currently being piloted at 9 practices including Porter Brook Medical Centre. Jenny went along on behalf of Porter Brook but unfortunately was unable to attend the PRG meeting today.

Pippa Fitzsimmons fed back on behalf Jenny. The CCG now want to continue the service for the existing 9 Practices and propose to expand the Prescription Order Line to the Neighbourhoods. Initially this will be one Neighbourhood across each of the four localities. The CCG were looking for feedback from patients using the service and why some patients prefer not to use the Order Line. Understandably Jenny felt she was unable to comment as she was one patient and does not represent the Practice population.

In the meeting today, PRG made suggestions of advertising the POL in local newsletters such as Heeley Voice, Grapevine or in local Pharmacies themselves.

(Post meeting note: Pippa has fed back this suggestion to CCG and they will put it forward as a development idea at their next meeting.)

The Group also asked for a reminder about the function/purpose of the Order line. It is only for repeat prescriptions. They are processed by NHS employed pharmacy technicians and issued electronically to be printed at the surgery or to be sent to the patient's nominated pharmacy. The Order Line's remit is to check the dose and potential wastage of medications. They also make sure patients are receiving timely reviews.

Lines are open 9am-3pm. One drawback is that patients cannot order outside of these times.

Patients still have the option to drop paper requests for repeats into the surgery. They can also order repeat prescriptions using the online services via the Practice website. Patients are reminded to sign up for these services at Reception.

Patients, unless they are vulnerable, cannot ask the pharmacy to order for them.

Differences between the Prescription Order Line and queries passed onto the Practice Pharmacist

Porter Brook Medical Centre recently employed a Practice Pharmacist to deal with prescription queries and support the Practice.

When prescription queries are passed onto the Practice Pharmacist by Reception, they are asked to make it clear to the patient that the Practice Pharmacist, based at the surgery, will deal with the query. The Practice Pharmacist also reinforces this message to avoid any confusion. If the Practice Pharmacist cannot deal with a

medication enquiry it will be passed on to a doctor.

The Prescription Order Line is different from the above. It is a central body, staffed by trained pharmacy technicians employed by the NHS that takes repeat prescription calls.

Citywide development

Susie Uprichard gave a further update as there is a citywide bid for funding to put a Clinical (Prescribing) Pharmacist in each Neighbourhood.

Practice Newsletter

Draft newsletter reviewed. Additional items to be included

- Update on Neighbourhoods
- Introduction to Practice Pharmacist
- Social prescribing and the links to studies
- DNAs – to be a regular feature

Next Meeting: Wednesday 7th June 2017

Forthcoming meeting dates: 14th September 2017 and 28th November 2017