

## Patient Representative Group Meeting

Date: Wednesday 11<sup>th</sup> April 2018

**Present:** Jenny Bristow (Vice Chair), Tim Nelson, Tricia Taylor, Steve Joseph, Joanna Robinson, Julia Podziewska, Pippa Fitzsimmons (Practice Manager), Dr Gurjit Barn (GP Partner), Alison White (Secretary - minutes).

Agenda	ACTION
<ol style="list-style-type: none"> <li><b>1. Apologies and introductions</b></li> <li><b>2. Minutes of Last Meeting</b></li> <li><b>3. Matters Arising</b></li> <li><b>4. Practice Pharmacist</b></li> <li><b>5. Care Navigation is launched</b></li> <li><b>6. IAPT Health and Wellbeing self-referral and groups</b></li> <li><b>7. Urgent Care Consultation update</b></li> <li><b>8. Neighbourhoods Update</b></li> <li><b>9. Meeting dates for 2018</b></li> <li><b>10. AOB</b></li> </ol>	
<ol style="list-style-type: none"> <li><b>1. Apologies and introductions</b></li> </ol> <p><u>Apologies:</u> Susie Uprichard (Vice Chair Jenny Bristow to chair meeting). Dineke De Jong, Sado Mohamed, Charlie Khan</p>	
<ol style="list-style-type: none"> <li><b>2. Minutes of last meeting</b></li> </ol> <p>Approved.</p>	
<ol style="list-style-type: none"> <li><b>3. Matters Arising</b></li> </ol> <ul style="list-style-type: none"> <li>• <u>Acute electronic prescriptions:</u> electronic prescriptions can take up to 12 hours before it can be drawn down by the Pharmacy. Therefore, where possible, clinicians will provide paper prescriptions so patients can take this straight to the Pharmacy.</li> <li>• <u>Waiting room in Student Health at Sheffield Hallam University (SHU)</u> It was thought that playing music in the Waiting Room may help alleviate some of the perceived privacy issues at the Reception Desk at SHU. A suggestion was made to carry out an independent appraisal of the SHU waiting room SHU, however staff report they feel it would be</li> </ul>	

<p>more appropriate to carry out a survey  <i>Comments from the Group</i> – mixed views from the group however it was agreed to complete a survey at both sites.  <b>Action: Survey to assess patient’s views</b></p>	<p>PF</p>
<p><b>4. Ordering medication using online pharmacies</b>  JB raised awareness that repeat medications can be ordered using online pharmacies for delivery direct to patient’s home address.</p> <p>The Practice is aware of issues associated with ordering repeat medications using online pharmacies. Online companies will often order medication on behalf of the patient early so they can prepare the medication before a patient’s current lot of medication finishes. Due to the automated way these companies work any medication changes such as dosage increase/decrease or medications being added or stopped may not be included as they may not have spoken to the patient directly and they do not have access Patient Records to confirm changes. This may then result in the patient not receiving the correct repeat medications and then requires amendment and re-issuing the prescription, therefore causing delays and adding to the GPs already heavy workload.</p> <p>The Practice encourages patients to order their repeat medications either using the Practice online prescription service or via the Prescription Order Line (POL), which is run by trained NHS pharmacy technicians who, with the patient’s consent, can access the repeat medication section of the Patient Medical Records. When patients request their medication the technicians will check with the patient (or their representative) whether the medication is still needed and ensure the correct items are being ordered. The POL will also advise patients to contact the surgery if there are any discrepancies with their repeat medications. This provides extra support for vulnerable patients who may not be as able to check own medications or keep track of review dates.</p> <p>There also was a discussion about regular reviews for repeat medications. JB queried why patients can order medication past the review date as the prescription would still need to be authorised by the GP. In some circumstances the doctors will issue a further repeat request when it is passed the review date, patients are then encouraged to book in for a medication review. If the patient still doesn’t book in for a review, further repeats will be stopped until the patient is seen or depending on circumstances, a few days supply of the repeat medications may be issued until the patient is seen.</p> <p><b>Action : 1) Include this as an item in the next newsletter 2) Poster to go in the waiting room.</b></p> <p><b><u>Practice Pharmacist</u></b>  Belinda Pickett has joined the Practice Team as part of the citywide initiative for Pharmacists to work in GP Surgeries. Belinda has been with the Practice since</p>	<p>PF /  Reception</p>

<p>January 2018 and is about to undertake training to prescribe. This will enable Belinda to carry out medication reviews such as cardiovascular reviews, diabetes reviews, and issue medication regarding minor illness.</p>	
<p><b>5. Care Navigation is launched</b></p> <p>Our Reception team have been care navigating patients signposting them to right person at the right time such as Community Support Workers, IAPT group work, pharmacist, hubs services, referral to PEARS scheme for eye problems.</p> <p>The Reception team feel they are getting greater job satisfaction as can help more patients effectively, however there are challenges. They report Care Navigation is more effective over the phone rather than conducting it at the front desk due to confidentiality issues. Although this can mean a slightly longer phone call as the team complete templates.</p>	
<p><b>6. IAPT Health and Well Being</b></p> <p>IAPT (Increasing Access to Psychological Therapies) currently provide counselling/CBT services in primary care. The IAPT Health and Well Being initiative was recently introduced to provide psychological support and stress control courses for people with long term physical conditions such as:</p> <p>Chronic pain Diabetes Heart conditions Skin problems Health anxiety</p> <p>Patients can self-refer to this service by contacting IAPT Services on: 0114 271 6568.</p> <p>The initiative is also working with patients referred from secondary care (hospitals). IAPT are hoping to run group sessions at University of Sheffield for students. We are part of the University Neighbourhood with them. Idea more likely to attend if this is on campus.</p>	
<p><b>7. Urgent Care Update</b></p> <p>Consultation process has ended and a summary of the findings are available via the link below. <a href="http://www.sheffieldccg.nhs.uk/get-involved/urgent-care-consultation.htm">http://www.sheffieldccg.nhs.uk/get-involved/urgent-care-consultation.htm</a></p> <p>The proposal was around options to close Minor Injuries and the Walk in Centre with an Urgent Care Centre will open at the Northern General site. An 800,000 strong petition was in favour of current facilities to be centrally located, 80% of respondents were for greater access to care within GP surgeries out of hours and 4% in favour of Urgent Care Centre.</p>	

Comments from the group

What is an Urgent Care Centre?

Explanation of differences between A&E, Urgent Care Centres and Minor Injuries:

- A&E – Emergency care for life-threatening illness or injury
- Urgent Care Centre – Illness that is not life-threatening but GP services are not available or closed. Patients usually directed there via Out of Hours services.
- Minor Injuries – Injuries that are non-life-threatening. Stitches, sprains, minor fractures, not usually head injuries.

Will the proposals be looked at by the CCG or will they be overridden?

Alternatives are being discussed.

Overwhelming opinion was that patients want to be seen at a GP surgery and increase in investment in primary care.

There was agreement from the group about the importance of educating people so they know where to go.

111 should be able to advise where to go. Discussion of limitations of 111, with inappropriate admissions and ambulance calls.

**8. Neighbourhoods update**

Neighbourhoods are Local GP Practices working together at scale to pool resources. It is thought that 30-50,000 patients provide a good efficiency of scale.

We are in a local, central neighbourhood called the “City Centre” neighbourhood as well as a separate neighbourhood with the University of Sheffield Health Service in the “Student” neighbourhood.

Student

Sheffield Hallam and University of Sheffield have worked together to host a Consultant led Diabetic Outreach clinics at both university sites and jointly purchased specialised equipment for testing blood levels which would usually done in the hospital outpatient clinic setting.

Previously attendance at the hospital outpatient appointments was low amongst the student population, but this has hugely improved since the introduction of the outreach clinics.

The Student Neighbourhood have also arranged with mental health services to see students with mental health problems at the Universities rather than being seen at A&E.

City Centre

As part of identifying new needs, the City Centre Neighbourhood has been looking at the gaps within mental health services. For example, a patient may

not fit the criteria for one mental health service because too well but they are too unwell to be considered for other services. The City Centre NBH has proposed employing a project worker with a mental health background to analyse this data and build a service that can meet these needs.

Additional news, ShipShape (People Keeping Well Partnership) have been successful in their bid for social and will become the 'go to' organisation for social prescribing for the Practice.

**9. Meeting dates**

Previously agreed on quarterly meetings and that managing attendance in the Summer is a consideration as lots of people away.  
Agreed June, early October and December.

**10. AOB**

- Concerns regarding the car park that at times it appears full yet the waiting room can be virtually empty  
Comments from the Group  
This has been discussed previously.  
Car park also for the staff. Regulating the car park is not what the practice does – perhaps the car park is what it is.  
The Practice is aware of the difficulties and are constantly looking for practical solutions.
- Media reports state from April NHS will be cutting a number of minor treatments.  
GKB – They keep doing this based on an annual review. GPs have no say on it. E.g. tonsillectomy – very few tonsillectomies are ever performed now whereas were once common.
- Difficulties with signing up for SystemOnline on the website as the form cannot be submitted online, only downloaded.  
PF – This is correct. Patients need to hand the form in at Reception as they need to present ID before getting access their medical records.
- JB (Chair)- reminder that anyone can ask for things to go on the agenda for meetings rather than covering in AOB and people can feel that they have had time to discuss matters they have raised thoroughly.

**Next Meeting: 19<sup>th</sup> June 2018**