

# Chapelgreen Practice

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## Patient Participation Group (PPG) Meeting 24<sup>th</sup> June, 2014

**Venue: Burncross Surgery, Time 6.30pm**

**Attendees: Patient Group**

Andrea Jackson  
Dennis Farnsworth  
Jean Knight  
Alan Penney  
Evelyn Hemper  
Richard Hemper  
Paul Barker  
Derek Broomhead  
Ken Preston  
Ahmed Mahdi  
Irene Mahdi

**Practice**

Dr W.E. Warren Senior GP Partner  
Blake Foster Practice Manager  
Vera Gregory High Green Manager  
Kathy Wilson Burncross Manager

**Guest Speaker**

Gill Green Health Trainer

**Apologies:** Mr. D.Wood, Ms. M. Goodwin, Mr. M. Farrell, Mrs. M. Jepson  
Mrs. G. Macbryde, Ms. A. Booth

Blake Foster opened the meeting by welcoming everyone and acknowledged new members and went on to introduce the practice staff present, Blake also gave a brief synopsis of the history of the Patient Group and how it began and what the surgery has achieved with the previous "virtual" patient group. A question was asked about advertising these meetings and the venues and times, which we had previously discussed, and it was suggested that we look at the council notice board, which Blake asked Kathy to investigate. With regards to times, we acknowledge that for young families 6.30pm is nearing children's bedtime etc. however, we will look in to this. Blake also explained that the next meeting will be at High Green where a separate Training Room would be suitable to hold the meeting, but recognise that due to transport and times not everyone in the group would be able to make it.



## Agenda

For the purpose of the meeting Blake went through the evening's agenda items

- Review of minutes from the meeting held on the 1<sup>st</sup> April
- Nominations for Chairperson
- Discussion of terms and reference
- Putting patients first – letter to MP signatures required
- Guest speaker – Gill Green Healthy High Green
- Suggestions for Future Meetings/Events

## Review of the minutes

Blake ran through the previous minutes for the benefit of the new members.

## Nominations for Chairperson (role description attached and voting slip)

Blake gave a hand out to those present of the description for a Chairperson and what the role involved he explained that to proceed with the Patient Group it is important that the group nominate a Chairperson, as the aim of the group is to reflect the patients perspective and not that of our own.

A point was raised by the group that as many of them had not met before that this would be a difficult task. - Blake explained that if a member felt that they would like to nominate themselves then this would be acceptable. A further question from the group was how long would the chairperson be in place, and what would the expectations be – Blake explained that the role would be for 12 months, there would then be another selection, the expectations would be to liaise with the practice, but primarily to register with the NAPP (National Association of Patient Participation) so that the group have a link person who will have access to the NAPP website. The chairperson will also work with the members and can opt to have their own independent meetings to discuss issues/suggestions prior to meeting with the practice.

Blake informed the group that voting slips were available, current members will have received these either by post or by email, and new members will have these sent to them along with this evenings minutes.



## **Terms of Reference (attached)**

A hand-out of the above was given to all present, this explains the purpose of the group, the aims of the group, how the membership of the group, activities of the group, details of meetings, the organisation and the reporting of the group.

A question was asked was it necessary for everyone to meet or could the chairperson meet with the practice staff and be an advocate of the group taking forward issues. Blake expressed he was happy for meetings to take place, however for a meeting there does have to be a minimum quorum of five members to render a meeting valid.

## **Putting Patients First Dr Warren**

Dr Warren gave the group a brief outline of his previous presentation explaining that the funding to General Practitioners has decreased which in monetary terms is a shortfall of nearly 3 billion a year from 2006 to present year.

Doctors recognise that it is taking longer to access appointments, which is being widely covered by both the press and government, we are asking that patients support GPs and sign a petition to our local MP, even the British Medical Association (BMA) as now asking for patients to display car stickers, badges which states: Your GP cares, we are fire-fighting to provide the care you need, along with a request that you join the campaign at [bma.org.uk/YourGPcares](http://bma.org.uk/YourGPcares). Blake asked for support and where possible if patients would sign the petition. *However, due to the meeting running over this was not possible.*

A question was asked as to why practices close on a Thursday afternoon surely this is adding towards loss of appointments – Blake explained that Chapelgreen practice do not and never have closed on a Thursday, and out of all the practices in Sheffield only 2 remain open and one of those is ourselves which includes High Green, however patients will have noticed that recently we have started to close when doctors have what is referred to as practice based learning events.



## Gill Green Health Trainer (presentation attached)

Gill introduced herself and explained that she is 1 of 27 health trainers in Sheffield, 5 of these are employed through SOAR at Parson Cross, and the remaining are partly funded by both the NHS and the Local Authority. Gill works from Burncross on a Monday afternoon and High Green on a morning, and then her remaining time is in either the community or the office.

*How do you access me?* Your GP, Practice Nurse, IAPT (counselling service), or self-referral will after discussing with a patient offer a referral to me.

*Is this available to everyone in Sheffield?* No, Health Trainers are in areas where there is a health inequality – by this we mean where there are higher levels of ill health for example COPD (chronic obstructive pulmonary disease), where there is an imbalance in economic differences due to closure of industries, debt, and isolation due to areas where transport has been withdrawn.

*What do I do?* I meet on a 1 to 1 basis encouraging them to change their lifestyles, informing them of events and social activities in the area, refer to debt advisors, as we have access to advocacy workers, training & employment, help with housing, diet by referring to the British Heart Foundation booklet, referring them to the food bank at High Green and Holistic approach too.

*Benefits?* Overall it will take an average of 5 years for the benefits of Health Trainers in the community with help from us we aim to have healthier people which in turn will mean less visits to the doctors due to a change in lifestyle. Originally a target was set for me to see 60 patients – currently I am seeing twice as many.

Gill explained that not everyone continues with the program which can take 6 to 8 meetings, with an option for the patient to refer back to the program if the patient relapses. The age group using this service at the moment is 27 up to the oldest patient who is 83.

A question was asked about Housing and if Gill could help – Gill responded that as she worked in another area in Housing that she could offer advice and that she would speak to the patient after the meeting.

Another question raised was how long the waiting list is – Gill informed the group that currently it takes between 3 to 4 weeks.



## Suggestions for Future Meetings

Concerns were raised over the recent cancellation of appointments with both the Practice Nurse and Health Care Assistants, the group proceeded to have a heated discussion on the way we deal with patients especially those that have been on a waiting list for a 24 hour monitor fitting and then find their appointment cancelled only to be put back on the list which means other patients who have not been on the list as long will in actual fact be seen before those who have been waiting therefore surely those appointments should be changed. Also could the practice not purchase more machines and for other nurses to be able to fit these. The practice response was that we would certainly look in to this and would also welcome any other suggestions from the group however, Blake informed the patients that there is a complaints, comments and concerns procedure and ideally these should be addressed to the practice to enable a thorough investigation, and that this forum was not appropriate to discuss complaints, however due to a member having a specific problem with medication Blake agreed for Kathy to discuss after the meeting.

**Complaints** – Members would like more information and figures on the ratio of complaints to practice patients to also look at what areas these are about, Blake explained that we break complaints down in to clinical and administrative, and that he did not have figures to hand so would collate the information for the meetings.

**Finances** – Members asked if they would have access to financial information to look at costs of the practice, and asked why money was being spent on the building in decoration signage etc. when there was an obvious need for more equipment. Practice response was that due to the regulations the building was not at a suitable level now required to meet with regulations including CQC, and that the decoration program was being financed by the partners.

**Pharmacy** – Members asked if the pharmacy work was still going ahead. Practice response was yes as far as we are aware but they could contact the landlord to enquire further. There were then questions about how the online prescription service worked and how patients signed up for electronic prescribing. We explained that patient's requests are picked up by reception staff during the day and processed, any patient who has signed up for electronic prescriptions will then have their prescription signed digitally by a GP then it is sent securely through the NHS spine to the pharmacy of their choice, those patients who have not opted for this service will still need to come back in to practice. If you are interested in electronic prescribing you need to go into your pharmacy to arrange this.



A patient also asked about contacting by phone and how difficult it can be to go through medications, we explained that if a patient requires everything on a prescription they can just say on the phone I would like everything, or I want everything apart from, which seemed to help.

A member asked whether or not it is advisable to return to the GP for test results or if they could see any other GP? – Blake responded that depending on what tests were being done another GP could see the patient, it would appear however on this occasion there were no appointments with the originating GP and an appointment was given to another GP who could not help. Blake mentioned that it could be that there was a note saying that the originating GP would prefer to deal with the result, or a locum who does not have full access to the system, but asked for more details from the patient so that we could look in to this, however due to running over we failed to meet with the patient to discuss in more detail.

Finally it was agreed that all members' present and existing members would be either sent or emailed the minutes and attachments from the meeting.

We will also notify you of the next meeting which will definitely be at High Green Foster Way, S35 4NF but will need a return of the following within the date set;

1. Patients suggestions for the Agenda
2. Notification of attendance to the meeting to arrange for seating and for refreshments to be catered for

Blake closed the meeting and thanked everyone for coming and for participating.

Minutes by Kathy Wilson 25/6/14