

**Minutes of the Patient Participation Group Meeting
Kensington Partnership at Kensington Medical Centre
Wednesday 8 May 2019 at 10:00 pm**

Patients: Salma Akhtar Jenny Court Wendy Heywood Eric Heywood David Llewellen
Sabera Hafesji

Chair: Naseem Llewellen

Guests: Diane Buckle (ACP)
Basharet Ali (Pharmacist)

Staff: Indira Rani-Bhatti (Practice Manager)

Admin: Joanne Ward (Patient Engagement Lead)

Apologies: Maria Johnston Hazel Sutcliffe Valerie Wilson

1 Welcome and Introductions

Hazel gave apologies, unable to attend, Naseem chairing this time.

2 Minutes of previous meeting

Ok, no comments.

3 Matters arising

a. Afternoon tea/coffee at Kensington

For the benefit of the members who haven't been able to attend the last couple of meetings: we had decided to start having from time to time coffee/tea afternoons. Afternoons were suggested because the space we need to use is only available after 12.00 daily. It was decided to wait until after Ramadan. June/July perhaps. Any more ideas from members are welcome.

Sabera put her name forward to be available every week as she generally works at the Community Centre around the corner and can incorporate this into her day.

She will need some assistance however, we don't know how many people will come. It maybe that we are going to hold on a certain day every week to be consistent so patients can get used to it, know when it's going to be and it can become a port of call to get information. We need to have on an afternoon when busy.

Eric asked if it's going to be free of charge: Yes. We had this discussion and decided that by charging, this may put patients off however we may have a dish for donations and sometimes maybe advertise that this will be sent to a particular charity. We discussed whether we should have biscuits/cakes etc. looking at the health side and the promotion of lowering our sugar etc. Any thoughts would be welcome.

The practice has Facebook so if anybody has any suggestions as to what we should put on the page please let either Joanne Ward/Joe Bavington-Allen/Naseem Llewelin know as they have all been on the Social Media Training and have been nominated as administrators for the site.

Wendy asked what the aims and objections of the coffee morning will be.

Naseem said it's important for members to help the practice to educate patients. Some patients are complaining because of the merge, staff change, etc. We members can explain the merge and educate patients about other issues. Joanne explained about giving out information each week on for example Self Care, Heart Disease, Dementia, Diabetes, Mental Health etc.

Wendy pointed out though that we are only targeting patients who don't work although Joanne suggested that if the patient is seeing the doctor anyway they're not necessarily out of work but yes there will be patients who work who generally book after work appointments.

Naseem stated that as members we should be doing more to help the practice in engaging with other patients in delivering information to them. It seems Joanne is doing 97% of the work of the PPG Members on her own and we really need to help.

Sabera suggested theming the tea/coffee events to deliver an important message to patients each week.

Q & A:

Q1 Do we need an interpreter for the Slovakian patients?

A1 We do have a PPG member who speaks Slovakian and Czech

Q2 Who pays for the tea and coffee etc, does it come from the practice?

A2 **Indira** said we would need to look into

Joanne said that if we create a Constitution and open a bank account we can then contact 'B Funded'. There are lots of companys/banks/retail etc. who fund such projects. We may be able to get some funding at some point.

Q3 Is once a week too much or shall we do bi weekly or monthly?

A3 Sabera has agreed that she will hold the tea/coffee stall *every* week on her own or not. However, it's only fair that other members help out maybe on a rota or as and when they are able as it will be far too much for one person but in theory out of the 16 members + Joanne it will mean that each member should only need to help 3 or 4 times a year. However, we have to be aware that a couple of the members haven't been for a while and a couple of members work.

Please remember, we are all one group so ideas/thoughts from *everyone* are welcome.

b. Naseem to give update on Patient Network Meeting re: Cancer Screening

The Patient Network Meeting was excellent Naseem said. She explained that all the meetings are excellent and you get a free lunch

At this one Professor Sean Duffy, Clinical Lead for WYH Cancer Alliance was there, giving a presentation on what the Cancer Alliance is and what it is hoping to do and there was also a Cancer Screening Presentation.

A snippet of Sean's presentation:

The long term plan is to diagnose 75% of cancers stage 1 or stage 2 by 2028, lower the age for bowel screening, extend lung health checks, raising awareness of symptoms, faster diagnosis, rapid diagnosis centres

We need to help people live with and beyond cancer.

Our 2020 ambitions:

Reduce adult smokers from 20% to 13% (125,000 fewer)

Increase one year survival from 69.7% to 75% (700 lives per year)

Sustainable achievement of cancer waiting times standards, including 28 days

Cancer Screening

The NHS offers FREE screening to save lives from cancer by finding cancers at an early stage when an individual may not have any symptoms.

Screening does not prevent a person getting cancer and it may not help if they already have undiagnosed, advanced stage cancer.

It is up to individuals to decide if they want to participate in screening but we can encourage engagement and give all the necessary knowledge to allow an informed decision.

This is where PPGs can help not only their GP Practice but Cancer Support too. Members can engage with patients (maybe at our coffee event) to encourage patients to take up the offer of free screening.

Naseem said she knew two people who had the bowel screening pack sent to them and when checked they actually had bowel cancer and was saved. It's a very important message we need to get across to patients.

Naseem was surprised at how many people receive the bowel screening pack and don't take it up.

It's up to the patient but they have to be fed the information in the first place.

The Bowel Screening is offered to men and women aged 60 – 74 every two years.

Current uptake for September 2018, the target being 60%, Bradford District was 54.08%, Bradford City 34.26%.

As we get to know the patients more we can ask them to go to their appointments and educate and advise that they must remember as reminders are not necessarily sent out.

Cervical Screening is offered to women aged 25 – 49 every three years and women aged 50 – 64 every five years.

Current uptake for January 2019, the target being 70%, Bradford Districts was 69.54%, Bradford City 57.24%.

Breast Screening is offered to women aged 50 – 70 every three years

Current uptake for August 2018, the target being 80%, Bradford Districts 69.64%, Bradford City 56.5%.

One member said that they have friends who don't think about going and when they have they have got cancer.

This is a free life saver.

One member said that a lot of ladies in this community don't want to go, I was the first to get breast cancer in my family and I too have friend who can't be bothered but they must go, They are putting their lives at risk and this could be a life saver.

Naseem asked how can we, as a group overcome these obstacles?

Salma said there are a lot of women that just do not want to go.

Interpreters were mentioned and Salma said that she can speak Punjabi and Urdu and wouldn't mind helping.

A member asked what the invitation says and does it say they can have a lady doctor?

Naseem said that at the Patient Network meeting a lady from one of the stalls on breast screening said that if we want her to come with information and/or help with info at one of our coffee events for example she would be more than willing. Naseem has contact details.

Q A question was, why does breast screening stop at 70 but there are a lot of people diagnosed who are over 70.

A Screening doesn't stop at 70, just the invitations stop at 70. The patient can opt in to carry on receiving invitations or they can just arrange themselves. Patients are given the responsibility.

All in all it's maybe a culture issue, the population. In other countries the priority is not the same as here, if we can help it could save lives.

4 Practice News – Indira Rani-Bhatti

a. Merge – Letter going out to patients

With regards to the merger and the letter that was discussed – the letter is going to go out to Woodroyd patients not Kensington, we will send texts and just to clarify Woodroyd will not be taking our appointments so not to worry.

We will be merging the systems though and choices are that people can go anywhere, details are on the website.

Wendy asked what the changes will be for us.

There won't be any changes for us, it'll be the same but possibly better in the future.

There will be however changes for Woodroyd. Woodroyd patients got used to having Locums and they could book appointments whenever they wanted but the Locums didn't follow completely the patient care so we now need to look at a safe practice. We are getting there and it will make life easier when we can run under one system.

A question was asked about booking online.

Yes, we do need to make patients aware that if they book online then they have to choose the site in which they want to see the doctor at.

Wendy said it can be confusing but Naseem thought it was fairly straight forward. Of course each patient is different so we just have to maybe put a message on to say check you book the correct practice.

b. Reception Training / Wednesday Training Afternoons

We've had one training afternoon on the 17 April and due the next on the 15 May.

The training on the 17th was 'Reception':

Why are receptionists so important?

So what do we have to do to be the best?

What is expected?

Things that need to be synchronised across sites

Prescribing of medicines to treat minor illnesses is changing and how

c. Indira's Update

Appointments

Indira explained the appointment system.

Eric asked a question about advance appointments, ie. when the doctor has said he wants to see you say in three weeks:

In this case the GP would send the Secretarial Team a task or instant message to book the follow on appointment.

DNAs (Did Not Attend)

Joanne said 214 DNAs for March and £3,000 plus lost.

The three times and out rule, ie. after the first DNA the patient will get a message/letter and a warning after the second too then after a third they get a letter to be taken off the records. We need to get the message out to patients.

Regularly patients are booking an on the day appointment and just not turning up.

The new rule is if you're late for an appointment by 5 minutes then you have to rebook.

Naseem said we have to remind patients nothing is free, by not attending it's not free it costs the practice the same for nothing and other patients are losing out by not being able to take that appointment.

Wendy said it's hard to believe that people need educating on this.

Sick notes

Some patients are not understanding sick notes.

A patient/employee doesn't need a sick note if they have been off work sick for under seven days. In this case the patient/employee self certifies. They will get details from their employer.

You only need a sick note if you have been off work sick for seven days in a row. After seven days, you can tell your employer you are still going to be absent from work and a sick note will be forwarded in due course. The patient may need an assessment. The sick note doesn't have to be immediate and as soon as the GP is able to issue this it can be collected, again in due course.

Other info:

- Mediscan do Ultra Sound Scans, there's a waiting list at the hospital so we have a Mediscan Clinic here at Kensington on a Wednesday morning that we can refer patients to. The secretarial team can refer here without having to wait for the hospital. So from April, Mediscan will bring all the scanning equipment and set up – this will be good patient care.
- Details to follow on in house Dermatology.
- We've been having problems with the call board – this is out of our control – it's controlled from a central office and is affected other surgeries. They often say shut down and reboot which we do but there are blips and it's not always effective.

Eric said the call board at Lower Grange is only facing one way which is an issue sometimes.

Naseem asked about the Self Arrival Screen, it's not working, needs looking at. **Indira** said she would arrange.

- **Indira** said we are short staffed on reception / sickness etc – we are recruiting again externally, we will be recruiting 3 at Kensington and 2.5 at Mughals. Kensington is a very busy surgery and in the past receptionists have received the training and then moved on for an easier job. Now we've merged though calls can be answered at all sites. We will be advertising this week ending 10 May.

A suggestion was made: Can we not rotate the reception staff to give the busy receptionists a break but **Sabera** added: some patients like consistency and may want to see the same faces. We have no choice sometimes though in sending GPs, ACPs and Receptionists across sites where the need is.

ACPs

Indira asked **Diane** to attend the meeting to explain what an ANP/ACP (Advanced Nurse Practitioner/Advanced Clinical Practitioner) is. A Nurse Practitioner helps cover the GP appointments to make more available.

The ACPs are highly trained professionals with the knowledge and skills to take on wider roles caring for patients. They have advanced qualifications (such as a Masters degree) and the experience to work

independently without direct guidance from a superior, although they are still supervised and work as part of a clinical team.

If we PPG members can spread the word that the ACPs have the skills and it's not terrible that a patient doesn't see a GP.

Some people when booking an appointment are asking for a particular GP but on the day this isn't a guarantee and were getting complaints. This is something else we need to get out there.

We have seven GP Partners and ten APs to spread across the sites. We need to educate patients about the different people to see who are equally as good as each other.

We can maybe get the message out there at our coffee event to get the word out.

Pharmacy

Eric mentioned the frustration of ordering repeat prescriptions online. You go onto the relevant page and some items are there and some not.

Unfortunately we have no control, it's under the pharmacy.

The pharmacy need to let patients know when there's a problem.

Indira said we'll pass to the pharmacists that we need everything in sync and for them to let patients know when there are issues.

Basharet the pharmacist came into the meeting and explained a few things, in all, when the pharmacy have to do a review on medication say it may knock the other medication out of sync but the pharmacy and Kensington Partnership are trying to formulate one way of working for the medication to be accessible but safe, consistent, manageable.

Q Do Kensington pharmacy have the responsibility of all sites?

A Not yet, just Kensington and Mughal. We're not covering Woodroyd yet and it will take a bit of time since we've merged with them. There is somebody else there doing the prescriptions.

Q Do the items we've ticked and the items we've requested come at the same time?

A They should do, 48 hours for the repeat and then the requested should come through together by the time they're picked up even if there's a review.

Also, an order can be made 7 – 10 days in advance .

If there's anything missing and the patient doesn't inform the pharmacy, the pharmacy we don't know if were not told. The patient has to inform. The patient has to take ownership of their medication.

and

Don't order what you don't need.

5 Future shape of the PPG

- a. PPG Board
- b. Reception Area

- c. Letter to partners about chairs with arms in the waiting area

We didn't have time to discuss and will discuss next time.

6 Patient Feedback

- a. Friends and Family Test
- b. Suggestion slips
- c. Comments on NHS Choices

There were no suggestion slips and the other information was sent through email and copies given out.

7 Other Business

- a. Agreeing on Vice Chair

Naseem reminded the group that Mavis sadly had to resign and so now Hazel is Chair. Therefore we need another vice chair. Everyone agreed that Naseem had done such a brilliant job and would like to nominate.

Naseem agreed to be vice chair when needed.

- b. Discuss times of meetings

In summer we used to have meetings in the evening so can we do this 6:00 – 8:00 pm – everyone agreed.

8 Date and time for next meeting

The next meeting will be on **Wednesday 31 July at Kensington, 6:00 pm**