

# Meltham Group Practice Patient Reference Group

## Minutes of the meeting held on Tuesday 9<sup>th</sup> April 2019

### 1. Attendees and apologies

Elizabeth Alberti, Michael Ingleby, Helen Macgregor (chair), Judith Roberts, Pamela Shelton (minute taker), Greg Smith. There were no apologies.

It was noted that according to our Terms of Reference the group is not quorate unless the GP who has taken on responsibility for patient participation attends, along with three patient members and a member of the admin team. Dr Ashraf is the designated doctor; regret was expressed about his lack of regular attendance as we benefit from his extensive knowledge, especially as he is currently a member of the Greater Huddersfield CCG.

As it is some time since the group last met, those present introduced themselves and indicated why they had opted to join. There was some discussion about the purpose of the group.

**Action:** Pamela will circulate the original Terms of Reference that were agreed when the Group was first established as a face-to-face group, as opposed to a virtual group that communicated electronically. The first meeting of the Group was on 7<sup>th</sup> October 2014.

### 2. Matters arising from the last meeting on 17<sup>th</sup> April 2018

There was a proposal to use Facebook as a means of disseminating information and generating comments re the Practice. However, GPs were not enthusiastic, in part because such an arrangement would require oversight and staff are already hard pressed; also, feedback from other local Practices indicated that it can generate a lot of negative comments.

### 3. Feedback from the Greater Huddersfield CCG Patient Reference Group Network meetings

Greg attended the meetings during 2018. Pamela has also attended in the past and went to the meeting on 22<sup>nd</sup> January. She explained the purpose of the Group and gave examples of items discussed, such as new criteria for:

- Access to fertility treatment
- Breast reduction
- Surgical treatment of benign skin lesions
- Tattoo removals

Also:

- Improving mental health provision
- Stroke provision and how comments from the Network Group had been of use.

Greg was somewhat sceptical as to whether comments from the Group had any impact. His impression was that presentations to the Group informed members about what was going to happen rather than being a consultation process. Pamela took a more positive view. Whilst accepting that the process was mainly one of reporting back, she considered that hearing about current developments was useful and there were occasions when patient experience did inform practice.

### ***Online booking of appointments***

At an earlier meeting, reference was made to the success of patients being able to book appointments online. At our practice, 50 per cent of appointments are now available to be booked online. Helen confirmed subsequently that 34% of patients had signed up for online booking. She confirmed that there had been no increase in non-attendance (DNA) at appointments since the increase in online booking.

A discussion ensued about the role of receptionists, now known as navigators. They ask patients phoning for an appointment for information about their condition to enable them to signpost or navigate the patient to the person best suited to deal with the issue. Helen reported that, after some initial difficulties, the system was working well and more patients were being directed to pharmacists and opticians, or were being seen by a nurse, advanced nurse practitioner or health care assistant rather than a GP. This was clearly having a positive effect upon GP workloads.

We recognised that patients may not be aware of sources of help other than the GP, and some information to guide them would be beneficial.

**Action:** Michael will seek to prepare some text that can be displayed in the Practice demonstrating the use and benefits of a navigation system.

### ***Extended access provision***

Early indicators of extended hours for GP practices (weekend and evening provision) showed reduced demand on A&E and the 111 Service.

### ***The NHS 10-year plan***

The plan involves substantial investment in primary care with a focus on prevention and integrated health and care. Within the West Yorkshire and Harrogate Partnership, Primary Care Networks are being developed based on a population of between 30 and 50,000 people. The eventual aim is for Practices to share some services and back-room functions, and to involve local authority and community services. There will be nine networks across Kirklees with five in Greater Huddersfield.

Helen confirmed that meetings were already taking place locally to share priorities and common concerns. Meltham is part of the Valley Health and Social Care Network that also includes Oaklands Health Centre, Slaithwaite Health Centre, Meltham Village Practice, Honley Surgery, Elmwood Family Doctors and Colne Valley Family Doctors.

The NHS Plan in addition includes provision for a GP retention fund. Kirklees has been chosen as an Intensive Support Site, the aim being to retain GPs through mentorship and leadership programmes.

The GH CCG Network members receive regular emails re events and other information.

**Action:** Pamela will circulate the emails to members of our Group.

#### **4. Update on local Health Service developments: *Right Care, Right Time, Right Place***

As a result of concerns raised by local people, the Plan regarding health provision across Greater Huddersfield and Calderdale has been amended, at considerable additional cost, to include:

- No reduction in bed numbers in Greater Huddersfield
- A&E facilities remaining at the HRI with consultant cover and 24-hour anaesthetics cover
- Intensive care and emergency theatres provided at Calderdale Hospital.

#### **5. Information Display Boards in the Practice**

Members of the Group have previously spent time categorising the information displayed in the Practice and subsequently checking and generally tidying it. However, we have not kept up with the task.

**Action:** Liz and Pamela agreed to arrange to meet at the Practice to undertake this task.

#### **6.Environmental health Issues**

Judith raised the item as she considers that GPs do not take sufficient account of factors other than the physical ones which patients present. Additional factors include those within their environment that affect a patient's condition and may include caring responsibilities or housing issues. Her concerns were noted.

#### **7. Date of next meeting**

Tuesday 2<sup>nd</sup> July at 1.00pm