

Friends of Rosebank Health Patient Participation Group

Tuesday 16th May 2023

18:00 – 20:00

Minutes

Chair: Rita Leach (RL)

Attendees: Christine Barnett (CB), Jenny Brooker (JB), Michaela Davies (MD), Susie Graham (SG), Kelly Grinter (KG), John Matthews (JM), Sandra Matthews (SM), Perry Poole (PP), Dr Tony Riley (TR), Christine Rousseau (CRo), Hajra Sidat (HS), Sue Williams (SW)

Apologies: Jan Brookes (JB), Liz Mudway (LM), Celia Ricaud (CR), Jackie Swankie (JS), Charlie Morgan (CM), Dave Walker (DW),

1. Welcome

RL welcomed everyone and also welcomed a new PPG member to the group, Hajra Sidat.

2. Chair's Report

RL advised that she has joined the Fit for Life at Quedgeley and thanked Rosebank Health for the much needed cup of tea afterwards.

RL advised that she had been made aware of patient issues with eConsult and the surgery will be doing an update as to how things are going. She also asked for prescription delays and phone call concerns to be discussed under AOB.

3. Network meeting update

PP attended, via Zoom, the Gloucestershire PPG Network meeting held on 24th March 2023. The meeting started with an update on Lloyds Pharmacies in Sainsbury's stores, which is now 6 weeks old so may have moved on since then. However, PP advised that what came across to her was the number of prescriptions written every day, (in the 1000s)! With the closure of many of Lloyds physical sites the main concern for PPG members is where they will be getting their prescriptions from in the future, especially those who don't have access to online services or live in rural areas. PP did ask if we should be considering reducing the number of prescriptions written and trying to find alternatives, such as Social Prescribing? SG advised that Lloyds are looking to close the majority of their Pharmacies on the high street, moving to an online model, as this is more cost effective. Less pharmacists, reduced funding, increased demand and supply issues have added to the pressure.

Next up was a presentation by Dr Mike Ellis, a retired GP, now a Hospital Governor. PP advised that the NHS Foundation Trusts were introduced in 2004 and their aim was to allow greater local

control of decision making, including how services are developed, and borrowing or raising money for programmes of work (including new buildings). It was also a key requirement that NHS Foundation Trusts were directly accountable to local people and communities. Being an NHS Foundation Trust means they must work with the local community to make sure they are providing services local people want, in the way they wish to have them delivered. Governors oversee Trust boards – meaning greater local accountability and transparency. There are currently 22 governors, who represent the views and interests of Trust members and the local community, to ensure our decisions reflect local community needs. The role of a governor is to ensure the Trust listens to the views of patients and people who live locally, along with staff and other interested parties. They represent:

- people who use the services
- carers
- members of the public
- staff
- partner organisations

They hold the Trust accountable and ensure they can make improvements to the services, and the information provided. They are always on the hunt for volunteers, and if you live in Gloucestershire, are over 16 years of age or are a patient, you can join the Trust and become a member.

There followed an interesting presentation about “PPGs – spotlight on working with children and young people”, presented by David Owen and Graham Ogden, who shared their experiences of working with young people with the PPGs for Chipping Surgery and Winchcombe Medical Centre. The NHS Youth Forum’s top tips to involve young people in Patient Participation Groups:

- Tell young people about your PPG – advertise!
- Reach out and engage
- Host an event
- Ask young people for their views
- Invite young people to meetings, or find creative alternatives
- Use social media
- Work with partners
- Take part in local community events
- Provide feedback
- Listen to young people and respect their views

The next meeting is on Friday 26th May.

4. Practice Update

SG advised of the following new starters:

Olga Jagodzinska, Care Coordinator
Donna Beard, Facilities and Compliance Administrator
Jasmine O'Farrell, Medical Receptionist
Marli Allen, Medical Receptionist
Emily Price, Mental Health Nurse

Jane Doyle, Occupational Health Adviser
Becky Rooney, Urgent Care Practitioner
Katherine Bird, Urgent Care Practitioner

Since the last meeting seven members of staff have moved on.

Health and Wellbeing Community Centre – SG advised that there is space at RB, formerly the pharmacy, that, with some funding from the ICB, could be used as a community space, for use by the community, not just RBH patients. For example, it could be used by the Health Champions for their initiatives, group education, talks, eConsult/NHS App sessions etc. There is space to create a kitchen area, private room, toilet and communal area. All were happy to be involved with ideas.

Next month there is a breast screening event and patients who have been invited for screening will be invited to the event too. It was suggested that the invitation is extended to younger members of community. 2000 pts will be invited for breast screening so will be invited in groups.

JM suggested running the prostate talk again.

CB suggested a blood cancer clinic.

There are plans for a skin clinic.

Hot topics i.e. HRT, menopause, etc.

5. Accelerate programme

KG presented an update on the Accelerate programme, an initiative that is looking at our processes and making improvements, with the main aim to encourage those patients that can, to use eConsult thus reducing the amount of traffic on the phones so that it is quicker for those patients who cannot use eConsult when they call in.

EConsult is now open two hours longer from 08:00 – 18:00 Monday to Friday, which has reduced the number of calls into the surgery. The questions on eConsult have been streamlined so better information is gathered and is therefore a more efficient, safer assessment for clinicians.

KG advised that many patients use the call back option, but we still receive on average 100 calls per hour. PP advised that anytime she has witnessed our staff on phone calls they have always given a quality service. We are continuing to make changes, such as streamlining eLites and this should help improve call waiting times but is work in progress.

SG advised that we are not allowed to close our patient lists and we continue to take on new patients, approx. 100 per month. We do get paid per patient, and this equates to approx. £100 per patient per year. Undertaking QOF (Quality and Outcomes Framework) provides an income stream, but this also requires a considerable amount of work.

KG advised that as most people will have downloaded the NHS App for their covid passports, we are trying to encourage patients to use it more. Appointments and blood tests can be booked and cancelled, prescriptions ordered, test results viewed all via the NHS App. It was noted that appointments can only be accessed via the App when the surgery is open and anyone over the age of 13 can use it. Eventually the App will give patients access to their notes. Currently it gives patients detailed coded access, but following the imposed GP contract, it is likely that patients will have full access in October.

KG advised that we would like support from PPG members to run a patient education session on eConsult and the NHS App by talking to patients in waiting areas. PPG members will be trained. If anyone is interested, please let us know.

NB: Elite is completed by a receptionist when a patient calls in, eConsult is the online appointment booking form completed by a patient.

Process for eLite - the receptionist takes a call from a patient and completes an eLite. This goes to the Care Coordinators in the Hub who will navigate it to the appropriate list (GP, Urgent Care, Social Prescriber, Pharmacy etc). The Clinician will triage the patient deciding if the patient needs to be seen urgently today, in 1-3 days, in 4-7 days, or over a week if routine. This goes back to the Care Coordinator who will contact the patient by 18:30 the following day to arrange the appropriate appointment. This means that the patients are seen by the right person. If the Clinician deems it necessary, a face to face appointment will be made. However, if appropriate the appointment can be carried out over the phone.

For patients where English is not their first language, we use Language Line, or google translate. We acknowledge this can be tricky and appointments may be slightly longer to accommodate this. It should be noted that if the clinician doesn't have a good understanding of the condition or what the patient is trying to convey, they will arrange a face to face appointment. Language requirements can be added to patient records.

6. Calling the surgery

RL advised that she had been informed by a patient that the surgery had called him twice, and both times rung off before he had time to take his phone out of his pocket. SG advised that our policy is to, as a minimum, to always call a patient twice. The Surgery will call once and if there is no answer, leave a message (text, or voicemail) to say they will call back. They will call again, sometimes a while later, and again if no answer, leave another message, this time to ask the patient to call back. However, if the Surgery considers the call to be urgent, they will try another way of contacting the patient, or call again. It should be noted that some mobile phones go to voice mail sooner than others, and so it is worth checking the phone settings.

7. Prescriptions

RL raised concerns regarding the length of time prescriptions are taking. Currently it is 5 working days. This is due to the high numbers of prescriptions requested. Patients are advised to allow at least 5 working days when they order, and where possible to order via the NHS App as this tends to be quicker. It was noted that there are stock issues of some medications which are beyond our control.

8. Promoting the Chatty Café

Health Champions are volunteer patients who have been recruited to running two initiatives – the Chatty Café and the Gardening Group. The Chatty Café meet every Monday (apart from Bank Holidays) at St Luke's Church, opposite RB from 10:00 – 12:00. Tea, coffee and biscuits are provided at a cost of £1.50 and it is an opportunity to make new friends. Numbers are growing and there is a mix of people, lots of men, young mums and their children. The Health Champions are starting to introduce different activities that the group are interested in i.e. arts and crafts and music to broaden the appeal. The Gardening club meet on Wednesdays at 10:00 – 12:00 at New Dawn Allotments. Less people attend this, but that is so that there is enough for those that

attend to do. The council have provided 3 raised beds free of charge. There is tea and coffee, hot and cold running water, a toilet, which the council are making fully accessible.

The main issue is that there are not enough volunteers. Help is needed to put up and take down tables, make teas, cover sickness and holidays, etc. If anyone is interested in helping out, please do let us know. SG agreed to speak to Sarah Bowyer to send out another message to generate some more interest and reconnect with the original volunteers. Some of the regular attenders may also be interested in helping out.

9. Frequency of meetings

All agreed to continue meeting every 2 months. From RBHs perspective, it is lovely to hear from patients face to face, who are positive. All agreed that Hajra has brought a whole new dimension to the meeting, and we are delighted to have her on board.

10. Compliments

Friends and family test is sent out to a random selection of patients to complete questions. HS suggested handing out a card/letter to the Asian community to add compliments.

11. Muslim deaths

RBH are more aware of the burial process when a Muslim patient dies, although we are always looking at improving the process. We have good links with Ismail and if a GP has seen the patient within 28 days of the patient dying, he/she can sign the death certificate. It becomes more problematic if the death is unexpected or occurs out of hours. If expected, provision can be made in advance, and in liaison with Ismail, death certificates can be emailed if the death is at the weekend. The legal procedure is always followed. If the death is unexpected, the Coroner becomes involved, and this can delay the death certificate, especially if the death is unexplained.

Thank you all for attending.

Date of next meeting
18th July 2023
Kingsway Surgery