

Patient Representative Group (PRG) Meeting

Date: Thurs 01.12.16

Present: Susie Uprichard, Pippa Fitzsimmons, Dr Kirsty Goddard, Alison White

(Minutes taken by Alison White)

Agenda	ACTION
<ol style="list-style-type: none">1. Apologies – Sam Bussey, Jo Grant, PJ.2. Introductions – new member Patricia Taylor.3. Minutes of last meeting agreed as accurate, no amendments.4. Matters Arising – POL5. Neighbourhoods Update6. Staff Changes7. Draft Newsletter8. Agenda items and chairing of meetings9. DNA suggestion from patient10. Any other business	
<p><u>Matters Arising</u></p> <p>Prescription Order Line (POL) – Introduced in August 2016. Prescription orders taken and processed by external pharmacy technicians over the phone. Porter Brook Medical Centre no longer has a voicemail facility to leave script requests. Patients can still hand in paper requests at reception or order using the Practice online facility.</p> <p><u>Positives:</u></p> <p>General feedback and agreed that it is working.</p> <p>Members of the Patient Representative Group felt it's good that the Medicine Management pharmacy technicians are taking and processing requests – this puts an increased emphasis on safety and reducing wasted scripts that are not needed.</p> <p>Since the introduction of the Prescription Order line use of online repeat prescription</p>	

<p>requests have increased. This may be due to promotion of the service by technicians.</p> <p><u>Negatives discussed</u></p> <p>9am-3pm opening Mon-Fri. Means people will need to come into surgery to request outside of these times, or call the next day, or go online.</p> <p>Medicines Management Team Manager has requested feedback from the Patient Representative Group regarding:</p> <ol style="list-style-type: none"> 1. For a representative to come to the CCG level Patient Engagement Group. Meetings every 3-4 months, travel paid. JB mentioned may be interested. Any other members of the group interested to contact Pippa 2. What would the PRGs think of restricting the way patients make requests to just through the Prescription Order Line or online services. Therefore they would no longer be able to order at the surgery? <ul style="list-style-type: none"> - Our PRG consensus that this may make things difficult for elderly patients and they all felt that it was not something that only a handful of people could make a decision on when it would affect thousands of patients. <p>Currently repeat prescriptions can be ordered by post or paper requests handed to reception, online via the Practice website or through the Prescription Order Line (POL).</p> <p>PRG – Agreed on all the benefits of the POL but stated that anyone only using the normal service needs to be consulted before a change came in and that they felt it was still early days for the POL which has only been in use since August 2016.</p> <p>PRG – Additionally it would be useful to have data on how many people are using each different method of requesting. Pippa Fitzsimmons – confirmed this is currently being audited.</p> <p>Dr Goddard – perhaps would be useful to know why people have a preference for this or whether it is just habit?</p>	<p>PF/JB</p> <p>PF</p>
<p><u>Susie Uprichard – Neighbourhood Working Update</u></p> <p>The practice as whole, including the branch site at Sheffield Hallam University, falls into two Neighbourhood Working areas – City Centre (Porter Brook) and Student (Student Health at Sheffield Hallam University) The aims of Neighbourhood working are to work in a more integrated way delivering more integrated care. Neighbourhoods are a non-legal entity and will act as a vessel to give different services strength in numbers when approaching commissioners. They may also pool</p>	

<p>resources between practices to give a greater economy of scale.</p> <p>There are four Neighbourhood groups in the West Locality:</p> <p>Valley: Valley, Deepcar and Oughtibridge</p> <p>Hillsborough: Tramways and Far Lane</p> <p>West Four: Crookes, Broomhill, Dykes Hall, Walkley, Manchester Road</p> <p>City Centre: Porter Brook, Devonshire Green, Uppertorpe, Harold Street, Mulberry and Crookes Valley</p> <p>Student: Student Health at Sheffield Hallam University & University of Sheffield</p> <p><u>City Centre</u></p> <p>Had a “Big Tent Event” on the 3rd November 2016 at the Salvation Army Building on Psalter Lane. It involved 50 people made up from Social Services, The Sheffield Children’s Hospital, Archer Project and various people from the voluntary sector who are stakeholders in the project moving forward.</p> <p>The aims of the ‘Big Tent’ event were to look at working with a wide range of organisations across the health and social care sector to identify priority areas for neighbourhoods to focus and improve delivery services in the locality.</p> <p>The consultation also covered allocating volunteers from Practices and services to form a steering group. For Porter Brook these volunteers are Susie Uprichard, Pippa Fitzsimmons and Dr Kirsty Goddard acting as the clinical lead.</p> <p><u>University</u></p> <p>The universities held their ‘Big Tent’ event in August and will have their first stakeholders meeting on the 5th December 2016. Michelle Varney and Drs Mackie and Bates will be attending from the Practice.</p> <p>PRG – Asked to be kept updated on the above and wanted to know what the role of PRG groups was in this process?</p> <p>Susie Uprichard explained - Neighbourhood Working will be a regular item at PRG meetings and that PRG involvement will be on the steering group agendas well as Citywide meetings.</p>	
<p><u>Staff Changes</u></p> <p>Dr Caroline Diacon – new GP Registrar. This means that until Spring 2017 the practice has 4 GP Registrars. In the Spring Drs Laura Arblaster and Sam Martin will leave</p> <p>Admin / Reception new additions - Corrine and Sharon. Both started on 7th</p>	

<p>November 2016.</p>	
<p><u>Draft Newsletter</u></p> <p>Proposed to include information like staff changes and information on Neighbourhood Working.</p> <p>Draft of newsletter shown to PRG. Pippa Fitzsimmons ran through points / content.</p> <p>PRG – querying how Flu vaccination is promoted if people do not sign up for SMS. Clarification given that if do not receive texts will have been sent a letter instead.</p> <p>Signposting for the pharmacy minor ailments scheme was discussed. Clarification that pharmacists have had all appropriate training for this and that many minor ailments can be treated by local pharmacists under this scheme.</p> <p><u>PRG thoughts on the draft newsletter:</u></p> <ul style="list-style-type: none"> - That it should not be too long because perhaps people will not read it - Standard info such as opening times and online information to be included - An increased picture of what staff can do – such as Karen Deakin (Community Support Worker) and Samia (Health Trainer) to illustrate for readers. Discussion of possibly in future using of anonymous case studies and examples of what patients they can benefit and how. Pippa agreed useful but will need to consult with the staff and work out how to make truly anonymous <p>Editing – agreed that PRG member SJ will edit</p> <p>Staff to get back to Pippa with more information this week and newsletter to go out in two weeks.</p>	<p>PF</p>
<p><u>Agenda Items</u></p> <p><u>Chairing Meetings</u></p> <p>Porter Brook staff asked PRG whether they would like more ownership and control of meetings?</p> <p>PRG thoughts</p> <ul style="list-style-type: none"> - Happy with status quo but JB proposed members if were to chair meetings it would be less onerous if they were to all take turns doing this. Agreed that at present happy with Porter Brook staff chairing and that is it not necessary for it to feel “more like our” meeting because do 	

<p>not see it that way. SJ commented the meeting is seen as informal and relaxed</p> <ul style="list-style-type: none"> - Overall PRG agreed see meeting as more like a group where staff connect with patient and that they consider it a positive extra service that it is chaired by Porter Brook staff and that this is because it is not an initiative that was started by patients – NHS contractual requirement to have patient engagement in some form - Agreed agenda points should still be pulled together by Porter Brook staff - Susie – but that individual questions from the PRG to be submitted and put on the agenda to be discussed at PRG meetings. Agreed agenda to be circulated and then ask for amendments / additions 3 weeks before each meeting 	<p>PF</p>
<p><u>Agenda Items – DNA figures suggestion from patient</u></p> <p>Suggestion from a patient that we take a different approach with displaying the number of DNA'd appointments: that we balance this with figures of how many people turned up.</p> <p>PRG thoughts</p> <ul style="list-style-type: none"> - That if to include both figures we should also include figures on how many people successfully cancelled unwanted appointments. - The emphasis should still be that it is not right for people to waste appointments. - Could the number of patients who successfully cancel appointments or do it online be audited? - Would it be helpful to have figures of repeat offender stats? <p>Pippa Fitzsimmons – explanation of DNA policy and how the practice corresponds with repeat non-attenders.</p> <p>Dr Goddard – briefly discussed of situations where most likely to get a DNA e.g. where appointments are booked more than 5 days in advance or where they are booked with a weekend in between.</p> <p>Alison White – Using the figures of those who attended will make the number of DNAs look proportionally small. Perhaps this is not the point – the point being the number of appointments that could be given to other patients and the number</p>	<p>PF/AH/MK</p>

<p>clinician hours wasted.</p> <p>PRG:</p> <ul style="list-style-type: none"> - overall disagree on including both figures. Patients should not feel “rewarded for turning up”. This should be a basic expectation. - Point is someone else could have the appointment and the emphasis should be on appointments lost and unused staff resources. - Importance highlighted of changing the figures on the board regularly so people read it. - DNA figures to also be displayed in newsletter and on the practice website. 	
<p><u>Any Other Business:</u></p> <p>PRG:</p> <ul style="list-style-type: none"> - Items on notice board and screens in waiting room to be taken down once out of date. - Perhaps walls look uninviting when full of notices – uninviting to look at because too ‘busy’. PRG do not notice people reading them anyway. Sometimes images quite graphic! Overall PRG had differing opinions on this re responsibility of practice to provide educational health information and what is too much. <p>Pippa Fitzsimmons – hard to know what the balance is, perhaps just currently prioritised things?</p> <p>Agreed that practice to think about the things it really wants to put across and prioritise them with clinician</p> <p>At present Reception put up the notices so it should be agreed with them to have one theme/subject at a time.</p>	<p>PF/reception</p>
<p>Next Meeting: 7th March 2017 at 6 pm</p> <p>Meeting dates for 2017: 7th March, 7th June, 14th September & 5th December</p>	