

**Tuesday 24<sup>th</sup> March 6-7.30pm Hill Top Community Room**

**Attending:** Jenny Webster (Community Manager/ Chair), Gordon Roscoe (Non-executive board member for Hope Citadel Healthcare)

LF, MN, GD

**Apologies** Dr Katie Pieroni, Lisa Nolan (Practice Manager), SO

**Agenda items:**

1. **Introductions and confidentiality.** Welcome to those who attend, short introductions around the group. Outline and purpose of the group, and the need for confidentiality

Apologies were given as letter had been sent out to patients the previous week, but they had not arrived. Jenny had sent a text invite this morning once aware of this, so thanks given to those attending for coming at short notice.

Gordon Roscoe introduced himself as Non-executive board member for Hope Citadel Healthcare which is the company which oversees the practice and in a supporting role for Jenny running patient groups and as a point of feedback to the board.

**2. Surgery Update: JW**

**Patient Online:** The group was presented with information around the Patient Online service to be introduced from 1<sup>st</sup> April, giving patients online access to part of their medical record, as well as the current repeat prescribing and online appointment booking system.

The group were shown the official patient leaflet for the patient online service and considered some of the benefits and risks of the service. Please see the leaflet attached.

**Other things the surgery would need to consider in introducing the service are:**

The access to medical records is with the permission of a GP on a case-by-case basis. Patients might need their information explaining to them:

**Q: Would someone from the practice need to be with the patient when they were able to access their records to explain it to them?** – Would this be done individually or could it be done as a drop-in session?

**Q: What written instructions are available to patients for when they log-in for the first time?** ➡ JW to see what is available

**Q: Would patients be able to disable the online service if they no longer wanted access to it?** Yes that would not be a problem.

**Next steps:**

**The patients attending the group volunteered to come into the surgery over the next few weeks to trial the system** ➡ JW to speak to Lisa Nolan and Dr Pieroni to arrange this.

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At the last meeting the group decided on the following 3 areas for the surgery to improve and come up with an action plan. JW presented the work done so far:

**i) Starting a Diabetic Support Group**

Jenny has spoken to Barry Cassidy who runs the current Diabetes group in Oldham Link Centre, and also with the latest Diabetes UK representative, Stuart Vaughan. Dr Pieroni is also interested in helping out and supporting the group.

Jenny has put together a draft survey to be distributed to patients on the surgery diabetic list and the group gave comments and feedback about the questions in the survey.

A lot of good suggestions were put forward as to how the group could work including:

- There could be a Buddy system for patients newly diagnosed with Diabetes
- If online a closed patient Facebook group with an administrator who allowed
- The group could launch to link in with Diabetes Week in June to increase publicity

➡ A date for the initial core group to meet to discuss progress and start dates for the support group was set for **Weds 1<sup>st</sup> April at 11am** at the practice. JW to confirm and contact other patients who may be interested. The survey would be updated using the group suggestions and taken to the meeting.

**ii) Demographics and increasing the diversity of the group**

The group was presented with demographics from the practice from March 2015.

The main points to note are:

**Age:**

The practice has a young population with 29% of patients being 16 years and under. Patients in the 17-34 age bracket make up another 29% of the population

**Ethnicity:**

After "White or mixed British" 71.8%, the highest ethnic groups were "Other white background" 5.5%, Irish or white Irish 4.7%, Pakistani or British Pakistani 1.3%, African 1.3% and White and Black Caribbean 1%.

**Main language spoken.**

After English 91.4%, the main spoken languages identified by our patients are Romanian 2%, Polish 1.6% and Urdu 0.8%. There are 26 different languages registered at the practice in total.

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These figures do not reflect those patients ability to understand or speak English, or reflect their medical need or use of the service. (For example, there may be a lower proportion of older patients registered, but they may need to access more services more frequently).

The practice is looking into engaging with patients from different backgrounds in a better way. Current ideas include:

- **Romanian population:** Lisa Nolan (Practice Manager) and some other staff members are looking to attend the Romanian Alliance group in Hathershaw. GR also noted that there was a new Romanian church meeting in the area. LF to forward contact details of a Roma teacher at Oasis Academy who has also run some awareness training for local groups to help understanding of the Roma culture and improve communication. There is also some work being done with parents at Medlock Vale School which the surgery may be able to support in terms of healthcare.
- **Other languages:** The surgery might also be able to ask for help in translating some of its literature such as the Practice Leaflet into the main spoken languages. There is some translation services available through the ethnic health team, however there is a reasonable charge for doing this and if patients
- **LF suggested a web tool which patients can click on to translate text on a website from English to the required language.** – LF to forward the details to JW
- **Children and Young people.** There are issues around appointment access for parents with young children with urgent conditions. There is also a need for health education and building confidence so that parents are able to understand and manage their children's care more effectively. Dental health is also poor in the local areas. As families are a large proportion of the population there is a definite need for them to be represented, whether at the main Patient Group meeting or in other ways.  
➡ JW to approach the Baby boogies group and other groups before the next PPG to see what ways parents and children can be included in the discussion.

**iii) Dealing with DNA (Did Not Attend) Appointments.**

As brought to the last PPG meeting in a week the surgery had 35 DNA'd appointments which equates to 1 day of GP/Nurse time. In order to help free up GP time to improve access to appointments for patients the patient group was asked to help review and implement a new plan to help reduce DNA appointments.

The group looked at the current DNA policy and made the following suggestions:

- Advertise the amount of DNAs on a weekly basis in surgery, then reduce to fortnightly then monthly basis as the project continues and levels drop
- Have notices reminding patients to cancel and contact the surgery if they cannot make their appointments

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- Ask reception to call patients that day if a patient has not turned up
- Write to patients who have 3 or more DNA's
- Work with patients who have difficulty attending appointments due to lifestyle or medical conditions

➡ JW to take this back to the practice to discuss a "DNA focus month" to highlight this and to approach repeat offenders to see what support can be offered.

**4. AOB and questions for the practice team:**

- The patients felt that it was getting easier to see a Doctor, and stressed the importance of seeing the same doctor when possible.
- Patients were not aware of the Practice Leaflet which gives a lot of background information to the services available. This is available on reception.
- Patients would like more information about who was on duty that day when they came in to be seen – eg could it be put on the patient screen in the waiting area
- Could the online booking system include booking for blood tests as well as regular GP appointments?

Date of the next meeting: TBC.