Hollies Patients Forum Notes from Steering Group Meeting Monday 3 April 6pm to 7.30pm, via Zoom

Attendance

Diane Davies DD (Chair)
Sally Freeman SF (notes)
Fran Draper FD (Practice Manager)
Pauline Tryner PT

Chris Ames CA Ian Hodgson IH

Dr Richard Harvey RH

Linda Campbell LC (observer)

Tom Baker TB

- 1. Apologies for absence Linda Strudwick, Michael Worboys
- 2. Welcome and introductions Welcome to Linda as observer
- 3. Notes from previous meeting and action points
 - No interest shown yet in role of Vice Chair, but interest for joining Steering Group
 - Newsletter 2 (and updated version 2) produced and published on website
 - Volunteers have contributed to Newsletter. Thank you.
 - Shadowing of personnel at The Hollies is slightly delayed whilst sorting confidentiality issues

Action - Andy Smith to sort shadowing timescale please

4. Recruiting new Steering Group members

Two people interested in observing meetings prior to possibly joining the Steering Group Posters to be displayed in GP surgery to encourage recruitment to Steering Group.

Action - DD to send a poster for display to Hollies Medical Centre (HMC)

5. Patient Survey response from HMC

Thank you for the response from the Practice. All highlighted points have been addressed.

Amendments and improvements to the response have been made as suggested at the last meeting and the Steering Group feel these are now good and appropriate responses.

Discussion around patients sharing information with Practice receptionists. This is not compulsory but does assist GPs when making their triage decisions. A suggestion was made that the wording should be tweaked to strengthen the point that people have a choice whether to give information to receptionists.

Action – FD to tweak the wording around information provided to receptionists

What do we do with the feedback now?

Michael has suggested he could publicise the feedback as an addendum to the latest HPF newsletter. This would hasten the dissemination rather than waiting for the next edition of the newsletter. FD suggested that the feedback could be displayed in the surgery and on the website. RH said it would be good to share the practice feedback ASAP as there will be some changes in the practice that were influenced by the survey. A text can be sent to the practice population to advise that the Practice response is available on the website.

Actions

- MW to produce Practice response as addendum to newsletter (with final tweak as above)
- AS to send text to patients to alert them to the addendum on webpage when completed
- FD and Andy Smith to display practice response in surgery

6. E- group feedback - Sally Freeman

There are now 63 active members, plus 4 that are potentially inactive. Two comments received:

1. "When will access to the full patient records be available?"

RH responded that "if requested, then access to full records can be given". The new GP contract which begins in October states that this is required, although the BMA has major concerns regarding confidentiality and HMC is awaiting further instruction. DD asked what people need to do to gain access to their GP medical records. FD said they would need to email the practice with a request and then complete a Subject Access Request (SAR). The NHS App can also be used to make a request for access. CA explained the process he followed was confusing and he wasn't sure he had full access.

Actions

- Working group (see item 8) needs to develop streamlined information to explain the process
- Andy or Fran to share the current information for patients so working group can simplify.
- 2." Trying to book a smear required a user name and password. Gave up and phoned eventually.

 Left feeling flummoxed."

RH said that using Accurix means that you can book a slot and then a text is sent to enable you to book an appointment. Perhaps a nurse appointment using Systmonline would need a user name and password. As smear testing is classed as cancer screening, this should be easy to access. DD suggested that a further look at the patient journey when booking appointments needs to be made.

Action — Andy/ Fran to look at the clarity of information to access services and the HPF working group (see item 8) will review for ease of understanding.

7. HPF Newsletter update – Michael Worboys – paper 3

Everyone thought the newsletters had been a great success. CA felt that finding the HPF newsletter was difficult on the HMC website as it was on the Patient Forum webpage and not on the HMC home page. Would it be possible to make this easier to find? CA and MW also asked if it is possible to measure the number of people accessing the HPF webpage and newsletter.

Actions

- FD to see if navigation to newsletter can be simplified on website
- Andy to supply info around number of hits on HPF webpage and newsletter

MW has asked if there were any further suggestions for the third edition of the newsletter.

Perhaps to include reforms to GP services, shadowing Hollies staff, or an update on practice and NHS news (which we receive in the Steering Group meetings).

IH said that articles on upcoming national health issues may be a good way to inform the practice population of some health priorities. FD spoke about the Facebook page and how there is a calendar of national awareness events. DD and CA suggested there could be more linkage/ signposting between the info on Facebook/ HMC news page/ newsletter especially around self-help and awareness initiatives. RH Suggested public health messages which may include a screening programme or similar for a health topic could be included in the newsletter

Action DD to inform MW we feel all the above suggestions are relevant and interesting (see also item 9 action point below).

8. Next HPF priority issue – suggestions please

Clarifying and simplifying the patient journey when navigating the appointment system for different reasons was agreed as the next priority.

Action – a working group to be established to work on this.

9. Porter Valley Primary Care Network (PCN) update - paper 4

Elaine Atkin provided an update paper on Network activity including new staff appointments and services available eg 'Calmly Create' for people living with mental health issues. Members weren't aware of all these new staff and services and how to access them.

Action – MW to consider "what's available across the PCN and how to access it" as another Newsletter item

10. Hollies and NHS update – Fran Draper and Dr Harvey

- FD reported that they have a really good HMC team. A new receptionist has started who is completing the GP receptionist training course. A new Physician Associate (PA) has been appointed – Lucy. She will work with care homes and other priorities.
- The new telephone system has been introduced. Phase one last week launched successfully. You can select different options, including one to request a call back, and calls will be recorded. A list of 'clinically vulnerable' patients is being developed who do not have to wait in the queue, eg calls from care homes. The classifications have not been fully agreed yet. Audit trails will be possible and other statistics. Phase Two will enable an interface between the GP records and the individual so this could prompt actions required, for example a flu jab being offered.
- Some building work to be undertaken, and further quotes regarding the soundproofing of the Hollies are being considered.
- RH explained the Junior Doctors strikes should not have too much impact on the surgery.
 Spring covid boosters for care home residents, over 75s and very clinically vulnerable will start soon.
- RH discussed the challenges of the new GP contract. They have not seen the fine detail of this yet.
- DD asked how the GPs were feeling about the workload at the moment. RH reported he and colleagues are working really hard and that the pressures are higher than he has ever known, including working longer days.
- DD offered sincere thanks for all the work the practice does.

11. Dates of future meetings, all Monday evenings

5 June, 6.15pm at Shirley House

7 August, 6pm via Zoom

2 October, 6.15pm at Shirley House

4 December, 6pm via Zoom

12. Any other business

No AOB to report.