

Hollies Patient Forum

Report on recent developments, February 2018

Due to the unavoidable cancellation of the HPF meeting on 29th January 2018 (which was postponed from 11th December 2017), we will address some of the items **electronically** that were on the agenda.

Hollies Virtual Patient Reference Group. (PRG)

55 patients have joined the PRG, so 6 patients have joined since the September 2017 meeting. Pam Coates has resigned from the **Steering Group** leaving 11 members. Consequently, Mike asked PRG members if any of them would like to join the Steering Group; 3 patients have agreed to do so. This leaves 52 patients in the PRG. We are still promoting joining the PRG on the Hollies website and in the HPF leaflet. We will discuss at our March meeting whether to stop the promotion bearing in mind our aim was to attract 50 patients or alternatively continue with recruitment.

HPF leaflets. 80 leaflets have been printed off in total.

Appointment of a new Practice Manager

A new practice manager was appointed after a second set of interviews in December. The Hollies partners are delighted with the appointment. There were several very strong candidates. Louise Owen is due to start 5th March. She is currently a practice manager working in North Nottinghamshire so she should be able to get “up and running” soon. She has received some “handover” from Nicola. Hopefully she will be able to attend the future Hollies Patient Forum meetings.

The GPs and staff at the Hollies would like to thank Nicola for all her hard work as practice manager.

Check-in screen: Microsoft XP

John pointed out at September’s meeting that he had noticed the check-in screen was attempting to boot up using Windows XP on the day of the NHS computer hack. Microsoft no longer supports this version of software so the check-in screen needs upgrading. Katie Schofield has made enquiries through the Hollies ICT support company, Embed Health. Unfortunately the company is unable to provide support for the self-check-in screen and recommend contacting the supplier.

Porter Valley Neighbourhood joint PPG meeting.

Mike and Ernest met with members of the PPGs from Falkland House Surgery and Rustlings Road Surgery on 10th November. The main discussion at the meeting was concerned with disappointment over the lack of support for PPGs in Sheffield from meetings with the CCG.

Instead, the CCG used these meetings to consult over strategic plans. Since the joint meeting, a member of the PPG at Nethergreen Surgery has joined the group. Greystones Medical Centre has only a **virtual** PPG so have not joined the joint PPG group. There are plans underway to attempt to widen the PPG group outside of the Porter Valley surgeries. Meanwhile, we agreed to share ideas via e-mail.

CCGs plans for Urgent Care: implications for the Hollies

As part of these plans, the CCG aim to ensure that all patients in Sheffield will be able to see a GP within 24 hours if they have an urgent illness. This system will involve triage of the urgency and may entail a patient being seen at a different GP practice other than their own.

Question. Might these proposals, once implemented, affect the current excellent same day service offered to Hollies patients?

Response. Dr Harvey has not heard any updates around this area since the consultation was closed. He is sure the changes will happen. As a neighbourhood, the practices feel they manage their urgent care requests pretty well as individual practices, so do not see it as a significant problem that needs addressing. Inevitably as all GPs and practices experience increasing workload, it may be that the Hollies will need to utilise the satellite hubs for urgent appointments in the evenings and weekend. The Hollies closest hub is the Sloan Medical Centre.

Update on suggestions/questions raised by the virtual Patient Reference Group:

Question. Could faces of Hollies staff be displayed on a notice board?

Response. The photos for the staff notice board have been taken. The new manager is awaited to put the board up.

Question. Could sanitizing gel be introduced in all waiting areas?

Response. There is a hand sanitiser on the wall of Reception for patients to use. These need to be attached to the wall rather than “loose” in the waiting areas as they are alcohol gel. It is proposed to put another sanitiser up in the porch for everyone entering and leaving the building.

Question. Could the upstairs waiting room window be opened during surgeries and the sashes repaired to permit opening safely?

Response. The upstairs window has been opened when it is very hot. Repair of the sashes in the window in the waiting room have not yet been investigated.

Background sound system:

Question. Are there plans to install a background sound system to aid confidential conversations in the lower ground floor consulting rooms?

Response. The Hollies is aware of the problems of ensuring confidentiality in the consulting rooms balanced against the challenges some people have with background music. No radio

station will suit everyone. Music is definitely necessary to ensure confidentiality, especially when the rooms are less busy, particularly in the basement and first floor areas. At the time of the building, extra measures were taking to enhance soundproofing, including additions to the doors etc.

E-mail contact for the Hollies Practice Manager:

Question. Should patients be able to contact the Practice Manager via e-mail?

Response Most email addresses are not considered secure enough for patient identifiable information and are vulnerable to unauthorised access.

In order to protect patient privacy, the Practice has adopted the citywide policy not to use email to communicate with patients.

Soundproofing suggestions for lower ground floor:

Question. Could inside of doors and frame rebates be soundproofed?

(Suggestion from a patient who is a retired architect)

Response. This was looked at during the time of the building work. The doors and frames have been “soundproofed”.

Signage to lower ground floor:

Question. Could signs be placed directing patients to ‘lower ground floor’ or ‘upstairs waiting room’ on the ground floor for the sake of new patients?

Response. The Hollies currently has signposts directing to the stairs.

Wound checks by nursing staff at the Hollies.

Question. A patient was not able to obtain an appointment to see a Hollies nurse within 3 days post operation to have a wound checked. Is this usual?

Response. Sheffield as a whole city is looking at providing a wound clinic, as general practice isn’t actually funded and the workload is very unpredictable. This would solve the problem although patients would still need to go to a hub; it wouldn’t be provided at a surgery level. The Hollies recently had an unusually high number of patients requiring wound care. This is very nurse intensive requiring lots of appointments. The Hollies hope to replace Health Care Assistant Amy who left recently. The Practice will continue to look at staffing to ensure the range of work is done by the appropriate health professional to try to free up capacity.

Question. Would the Hollies consider employing a mental health worker to lead a mental health group of patients under the Person Centred Care Planning Scheme?

Response. Any work in this area needs to be coordinated with care and experience in mental health problems as well as appropriate governance to ensure no party is left vulnerable. The responsibility lies with Sheffield Health and Social Care Tust. Without this governance structure, there could be vulnerability to either the patient or the employee. Mental health services in the city are undergoing some restructuring at the moment. There is increasing pressure on mental health funding across the city.

Mike Loughlin
Dr Richard Harvey
27th February 2018