

Houghton Thornley Medical Centres

Patient Participation Group

Minutes of Meeting held on 9th October, 2018

In the Health Promotion room at Thornley House Medical Centre

Present: Ingrid Brindle (Chair), Cathy Dobson (Secretary), Dominic Sexton (Vice Chair), Cath Collingwood, Olive Harper, Yvonne Bennett, Harry Newman, Glenys Mottram, Eric Bynon, Mary Goodliffe, Dr Hannan

Apologies: Jen Mellor, Phil Barker, Roger Paul, Kath Mills, Cath Shaw, Deb Smith, Dr Gutteridge

1. Ingrid welcomed attendees to the meeting.
2. The minutes of the last meeting were approved with one exception. In point 6, paragraph beginning 'Ingrid had some monitors . . .' please change 'load' to 'loan'.
3. Matters arising.
 - a. (3a) Wi-Fi – Kim Lomas (virtual PPG member, based at home) has been working on a design for a poster about WiFi to be displayed in the waiting room. Dr Hannan explained how to use the WiFi, which requires you to use the 'Register here' link on your mobile device. WiFi works in all Thornley House rooms but not in all rooms at Houghton Vale.

On a separate but related note, Kim is working on raising the profile of the practice and PPG on social media and has produced some logo suggestions for approval – Ingrid gave copies for us to look at.
 - b. (7d) You cannot see whether blood test results have been reviewed by a doctor when looking at your results online. This was briefly discussed again.
4. Practice Matters
 - a. Dr Arshad has recently joined the practice and is working at both sites over three days a week. He is keen to develop new ideas and is working on the use of video consultations. Advantages include; the GP can see what the patient is talking about without the patient necessarily needing to come to the practice, the patient is able to build up a better relationship with the doctor than they would with just a telephone consultation, if the patient and doctor are communicating using a system that allows the doctor to see when the patient is available then the calls can be timed for when the patient is free, thus wasting less time. There has been good feedback from patients so far and other doctors are keen to try this method of communication. Hopefully new technology, or new ways of using existing technology', will be introduced to make this even easier.
 - b. Instant Medical History. Dr Hannan demonstrated a way by which patients can provide information about their condition(s) before seeing a GP, which should help to triage contacts. This will consist of a new area on the website that will allow access to Engage Consult. A series of options will be available, such as 'Get help' and

'Prescription request'. This facility will be available at certain times of day so that the number of contacts can be controlled to ensure that all are dealt with on time. Questions will be presented online, relevant to the patient's initial description of their condition. A printable report is available at the end of the questionnaire, showing the questions and the patient's answers.

After the demonstration some feedback from the group was given, including:

- After completion of the questionnaire the patient needs an indication about what happens next,
 - The use of plain English is good,
 - The sender of the acknowledgement email that is sent is not easily recognisable.
- c. There was a short discussion about access to records, how it can be made easier for those who do not currently access their records and those who want to but are having problems. It was pointed out that some patients need help accessing records on their own equipment as devices available in the surgery or at a workshop are unfamiliar to them.

5. Questions for Dr Hannan

- a. Yvonne mentioned that she cannot see her medical history on Evergreen Life, but she can on Patient Access. **ACTION Dr Hannan has not come across this before but will look into it.**
- b. Ingrid brought up the query from the last meeting about disposal of sharps (7c from 11/09/18). Apparently patients are being told to go to Lloyds pharmacy to dispose of sharps but once there they are told to take them to the practice. **ACTION Dr Hannan will look into this.**
- c. Future prescribing of co-codamol. This is being reduced due to cost and addiction issues. Alternatives will be prescribed for patients newly needing it (not for those currently taking it long term). It will not be prescribed for those who have it on repeat but who have not collected it for the previous three months.
- d. Eric had been asked to complete a patient survey but had found that it had already expired. Nobody could explain why this was the case.
- e. Question from Dr Hannan who wanted to know if the PPG had any feedback following staff changes and reorganisation over the last six months. There have been some incidents of miscommunication but these do not seem to be related to staff changes. There is an issue with the titles of documents in patient records, making them difficult to find, but this, too, is not related to staff changes but to the way hospitals save correspondence online. The groups praised Debs for picking up where Wendy had left off and for making improvements.

6. The Health and Wellbeing College had been invited again, but were unable to attend.

The group talked about what focus topics they might want to have on the agenda in future. The topic can be anything health-related, and can be introduced by a member of the PPG or we will try and find experts to give presentations. Topic presentation should last no more than 30 minutes, including discussions and question and answers.

Suggestions included:

- Lasting Power of Attorney – the practicalities of making one and the reasons why it may, or may not, be a good thing to do,
- Cancer – how the practice interacts with and supports patients with cancer

- Carers' support – what the practice can and/or should do for carers
- Accessing services, e.g., benefits, exercise
- Exercise for those who are ill, unfit, have poor mobility, etc
- Healthy cooking
- Mental Health

Any other suggestions are welcome.

7. Any other business

- a. Harry mentioned different information that is printed on different prescriptions. This had come up at a previous meeting and the suggestion then was that it was to do with the settings on different computers used by the doctors. **ACTION Dr Hannan said he would investigate.**
- b. There was a question, following on from the last meeting, about what a normal pulse rate is. Dr Hannan said that anything between 60 and 80 beats per minute is normal but not to worry if it's up to 100.

8. No items were put forward for the next agenda but we hope to get the Health and Wellbeing College representative to attend.

9. The next meeting date was confirmed as Tuesday 13th November, in the Health Promotion Room at Thornley House Medical Centre at 1.30.

There will possibly be another meeting, to be confirmed, on 28th November, with visitors from another PPG who want to see what we do.

Please send comments, suggestions or apologies to htmcppg@gmail.com and thank you for being involved in the Haughton Thornley PPG.