

PATIENT FORUM MEETING MINUTES

JUNE 28 2017

1. THOSE PRESENT

JT, MH, JG, GN, WF, YK, SO, RG, AS, PS, MR, KL

2. APOLOGIES

SJ, AD

3. MINUTES OF LAST MEETING AND MATTERS ARISING

(a) Walking for Health

JT explained that the 12 week series of walks had finished; there had been only a small uptake by patients. DFT and JT had a phone conversation about the future and it was thought better to defer starting another series of walks until September. DFT planned to contact the local practices to see if could create a joint patient walk.

MR wondered if the Virtual patient group could be involved.

(b) Forum email

We wish to thank MR for his most careful investigation into the use of the Forum email. He has presented a report to JT and recommends that since the email is little used it should be left as it is at present with one or two items of clarification eg there is no clear explanation of what it should be used for and so could lead to erroneous messages have been left among much spam (one case of a patient using this email for a prescription request)

The email will be checked regularly and policed. We should consider clarifying and publicizing it. Could it be used to publicize the traffic conditions on Empress Avenue?

4. PRACTICE UPDATE

(a) Clinical team

Dr Wyatt is on maternity leave until September. Dr Wise returns July 10.

Dr Hatton has been secured a locum cover until beginning September.

(b) Walk in clinics

These were trialled in March/April on Monday mornings, and then offered on most week day mornings in May and June. The practice is collating data re the use of the clinic which was anticipated as being used for urgent related matters. However it has been noted that some patients have used the clinic for blood pressure checks or medication reviews, and others have booked into the clinic but left after 15 – 20mins waiting.

Based on activity the demand is greater at the beginning of the week. From July the clinics will usually run on Mondays and Tuesdays and the practice will review over the next few weeks

KL asked about Stockport's Walk in clinic which was stopped after only one year. JT explained that this was several years ago where a service was commissioned to provide a walk in clinic during the daytime, which was provided by Mastercall (the out of hours provider). The intention was that this walk in clinic would deflect demand from GP Practices and A&E but the data showed that it increased demand, so the service was decommissioned after one year as it was too expensive.

WF and YK asked about the Nurse Practitioner as aware that she had reduced her hours, but they found really helpful as she could provide variety of services.

JT confirmed she had reduced hours to two half days per week, where she will focus on managing her diabetic patients. She will no longer provide acute appointments.

To backfill the nursing hours the Practice Nurse has increased her hours. The practice will continue to monitor the demand / capacity, but confirmed that some patients who have previously seen her for certain reasons will not need to book with a GP or a nurse.

(c) Empress Avenue

(i) The potholes have been filled.

(ii) It was suggested that rather than asking the council to start a one way system we could ask patients to observe a voluntary one way system. RG asked about another way into the car park. JT confirmed that this was previously discussed but it there was an issue with TPOs. RG suggested that a sign in the car park asking patients to turn right as they left in cars could be helpful; "To avoid congestion please consider turning right").MH will write a flyer for distribution at reception and will email it to members.

5. NOTICE BOARDS

JT had sourced prices for external noticeboards as per previous meeting. The prices were c £100-500 dependent on the size and quality.

It was agreed that it would be better to purchase an internal noticeboard which are less expensive as it was felt that patients would view this more than one which is based outside.

There was discussion about siting of boards and use of freestanding ones which could, however, fall and cause injury. MH suggested getting an internal one for now, and consider installing on wall at reception.

6. PATIENT PRESENTATION

Discussion re the Stockport Together listening Event email that practice forwarded to patients. MH wondered if, in light of the Stockport Together initiative to explain what Stockport is planning for the area (email forwarded by MCS to all patients with email accounts) and its various meetings, we could have a speaker in the Autumn to explain how we in Marple will be affected. JT suggested specific questions regarding implications on Marple residents / practices could be raised. Other Practices could be invited.

MR was interested to know if patient data is shared with hospitals etc. JT explained that legally there needs to individual data sharing agreements between organisations and this has been in development over 12 months. All CCGs are making their own provisions to help groups to work together; a simple change of legislation would help enormously.

7. AOB

Discussion re what happens if lots of patients attend for the forum meeting. Confirmed that no larger rooms, so we would only be able to accept certain number of attendees led to discussion re future meetings /events being held at the Methodist Church

8. NEXT MEETING

Sep 27 at 6 15pm