



HOPE FARM MEDICAL CENTRE

Hope Farm Road, Great Sutton, Ellesmere Port CH66 2WW
Telephone: 0151-357 3777 Fax: 0151-357 1444

Meeting: **Hope Farm Medical Centre PPG Meeting**

Date of Meeting: **Tuesday 22nd March 2016**

Delegates Present & apologies:

Present:	Apologies:
John Langan	Barbara Lancelot
Nick Lacey	
Sue MacDonald	
Trish Nash	
Carol Williams	
Marion Barnet	
Bess Tonry	
Ken Salter (Chair)	
Keith Anderton	
Dr Kingston	
Tim Goldsbrough	

Agenda item number:	Notes:	Action required:
2.	<p>Minutes from the previous meeting</p> <p>The minutes from the previous meeting held on the 15th December 2015 were approved as a true record of the meeting held.</p>	
3.	<p>Elaine Dunn from EPNAVCO (Ellesmere Port & Neston Association of Voluntary & Community Organisations)</p> <p>Elaine Dunn and Liz Ledsham from EPNAVCO discussed some developments at EPNAVCO.</p> <ul style="list-style-type: none">- They have a new website (www.volunteerwestcheshire.org.uk) which details information on volunteering opportunities in Ellesmere Port. This ensures that any volunteering is within the locality. This is another option for patients wanting a befriending service- Navigator project: this is to help and support people who are new to the Ellesmere Port area. It was initially targeted at non-English speaking newcomers to the area but has since expanded to become a useful source of information to any resident within Ellesmere Port. It includes clubs, services and activities in the area plus self- help advice, debt management and other useful information. Once this booklet is available it will be distributed to practices in print and electronic copies.- Dove counselling service available each Thursday afternoon from 10-3pm at EPNAVCO headquarters. Anyone can refer into this service and not just clinicians. It is a bereavement service for anyone who has suffered a 'loss' which doesn't need to be a death.- EPNAVCO get plenty of referrals from the practice which mainly	



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comes via the Wellbeing Coordinator.

4. **Practice Newsletter**

The latest practice newsletter was discussed and that we should keep to a quarterly distribution. Items to be included in the next edition are:

- Services offered by EPNAVCO
- Young carers section (see agenda item 6)
- Text Messaging Service (see any other business)
- Out of Hours number changing to 111 (see any other business)
- New starters within the practice team (see any other business)

5. **Year of care update**

A summary on the year of care was given – a new way of giving care to patients with a long-term condition. The process is that the patient sees a HCA for their initial checks and blood tests etc. and these results are sent out in advance to the patient to review and consider prior to their review meeting with the practice nurse. The next stage of the project is to increase the number of conditions within the year of care project. Initially it was just diabetic patients and now the process will include all long-term conditions. By increasing the number of conditions it should reduce the number of appointments required by patients in their annual review of their long-term conditions.

6. **Drop-in Clinic for carers**

The practice is trialling a 'drop-in clinic' for carers at the practice in collaboration with the Carers Trust. The first one was the 25th Feb 2016 and will run on the last Thursday of every month. The first drop in clinic was very successful with lots of carers calling in to the practice for information and support. This included a number of newly identified carers that previously had not accessed the practice for this type of information or support. We continue to monitor how successful this approach is.

The practice also needs to look at how we identify and support young carers. The practice would like some help from the PPG on ideas on how to identify them. Initially we will put a section in the next newsletter and add this to future agenda items.

7. **Direct Access Physiotherapist**

This service enables patients to receive a 30 minute assessment from a physiotherapist in practice rather than seeing a GP. They can then be referred to the physio service if required. Direct referral to this service can be from the patient or any member of the practice team. Continued promotion of this service through the newsletter is recommended. Although the current waiting list is 4 weeks.

8. **Waiting room observation from trainee management accountant (CCG) – appendix 1.**

Summary of the observation from Samuel Johnson was circulated and given consideration at the meeting.



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9. **Primary care programme summary and strategy for primary care in West Cheshire.**

As a Patient Leader for the CCG Ken Salter gave an update on the strategy – the West Cheshire Way. This is putting people at the heart of care and we need to be aware of the CCG strategy.

More detail can be found at http://www.westcheshireccg.nhs.uk/document_uploads/plans-strategy/WCCCGFiveYearStrat_3.pdf

10. **Any other business**

Frequency of meetings: there was a proposal to increase the meetings to every 2 months. The meetings would start at 5pm. Papers will be circulated in advance by email to reduce the need to go through papers in detail during the meeting. Tim and Ken to discuss a new timetable of dates for 2016.

Patient Educational Evening: it was discussed whether the next patient educational evening should be developed. The idea of a diabetic event may be of benefit to patients. This will be added to the next meeting agenda item and PPG members were asked to consider if diabetes is the right topic and what the event may look like.

Texting Service: the practice is implementing a text messaging reminder service from June 2016

Out of hours: from the 1st April the GP Out of Hours number is changing to 111. This is a change that has been made by the CCG and not the practice.

New Starters: we have 2 new starters in the Patient Services Team (Kim Sharples and Sam Connor). Both have over 10 years' experience in primary care. On the 1st of April we have a new GP starting at the practice Dr Claire Rowlinson who is replacing Dr Khan who is leaving at the end of March.

Date of Next meeting: Tuesday 14th June 2016 5pm



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Appendix 1: Hope Farm Medical Centre Observation of Waiting Room

Time: 9.10am-10.10am Date: 04/01/2016 Ken Salter and Samuel Johnson

This seemed to overall be an incredible practice and one in which both its staff and patients should all be very proud of.

Overall appearances: the overall initial appearance of the medical centre is that it is tidy due to clean surfaces and modern due to fresh paint of light green and white. You could definitely tell that this is a surgery serving a community from the number of patients coming in that knew each other this added a very nice atmosphere to the room.

Notice boards/information: great use of notice boards that were filled with relevant information but not over cluttered. Material that helped promote NHS strategy about patients choosing the right pathway and 'we are not a taxi' message about ambulances. Advertising free leisure facilities for over 75s also encourages healthy lifestyle. There is also an abundance of other helpful messages from EU health cards to chlamydia screening. We came to the question how much does the pie chart about the friends and family test actually mean to the average person?

The use of slideshow on screen was very effective and I noticed that many patients were watching this. The names of the nursing staff and what type they were e.g. HCA, nurse practitioner was very useful and I imagine makes care feel more personal. Slight changes to the office staff slide by breaking it down to bullet points may make it easier to read in a short period.

Reception: despite being relatively busy the reception staff maintained a good level of professional friendliness. I know this point has previously been brought to attention but there is an issue with confidentiality and how it is very easy to hear people talking to receptionists and also conversation receptionists are having on the phone with patients. With this being such a community practice this is even more important that confidentiality is kept as a lot of people coming in recognised others in the waiting room. Having the option to both electronically click you attendance and tell a receptionist helped reduce the build-up of a queue and meant that people that were not comfortable with technology could talk to a person if they did so wish.

Distance: even though we appreciated there was very little that could be done about this issue there is a long walk to phlebotomy rom at the back for those who have mobility difficulties.

Patients: the patients seemed to be relatively positive and did not seem agitated about waiting or the room being busy. Even though I did not speak directly to patients I got the impression and from hearing conversation they were satisfied with the service. Patients seemed to all be seen quickly and even though we only observed for a short period there was a noticeable fast turnaround in the waiting room.

Pharmacy: the integrated pharmacy is a brilliant asset for the practice and its extended 100 hour week makes it very convenient for its users.