|  |  |
| --- | --- |
|  |   |
| **Patient Participation Meeting** | **Day and date Monday 31/10/16****Time 12.30 pm****Meeting Room** |  |
|  |  |
|  |  |
| **Type of meeting:**Patient Participation MeetingMeeting Nisa Iqbal |  | **Facilitator:** **Pauline Woodrow**  |  |  |
| **Note taker:**Saiqa Naz  |  |  |  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Attendees:Pauline WoodrowSue GavinNisa IqbalDani MistrySofia IqbalArif AlamSadaqat Ali KhanJulie Tucker |  |  |
|  |  |
|

|  |  |
| --- | --- |
| AgendaApologiesIntroductionsMinutes and Actions from previous meetingConnected to YorkshireAccessible information shared9 Care diabetic process Pharmacy First and OTC Medication Gluten Free Products Optimise prescriptionsPharmacy not to order prescriptionsOn line accessSelf-care weekNew Practice NurseAmber drugs/shared careTB ScreeningPharmacist (Quality improvement report)Voluntary Group drop in sessionsPatient community network meeting on 9/11/16Significant Events Complaints  | NIPWPWPWPWPWPWPWPWPWPWPWPWPWPWPWPWPW |

**Minutes** |  |
| **Apologies** | **NI** | **5** |  |
|  | Discussion:

|  |
| --- |
| Discussion: Apologies from Dr S R Azam Renata Dziama, Mansour Youseffi and Farideh Javid |
| Introductions : All members of the group introduced themselves to the group |
|  |
| Action items: None |
| To invite for next meeting |

 |  |

|  |  |  |
| --- | --- | --- |
| **Minutes from previous meeting** | **PW** | **5** |
|  |

|  |  |
| --- | --- |
|  | Discussion: The group agreed that this was a true record.  |

 |

|  |  |  |
| --- | --- | --- |
| **Connect to Yorkshire**  | **PW** | **5** |
|  | Discussion:  |
|  |

|  |
| --- |
| Discussion: The group were all given “Connected to Yorkshire” leaflet and this was discussed by the Group. This is just basically anonymised information being shared. A Notice has also been put in the waiting room. **See appendix 1** |
| Patients can consent or dissent to this information being shared. |

 |
|  | Conclusions: The group had concerns however when it was realised that this would be anonymous data they were fine about it.  |
|  |  |
|  | Action items:Patients can dissent to this information to be given. All staff to be made aware of read codes to be used should a patient dissent.Signs to be put up in the waiting roomInformation to be added to the website | Person responsible:NINIGT | Deadline: |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Accessible Information Standard** | **PW** | **5** |
|  | Discussion: A discussion took place over the new standards for “accessible information” that came into force this year.  |
|  | Appendix 2. Information is being collected for all patients with a disability ie blind, learning disability hard of hearing etc. This is to ensure the Practices do all they can to help patients with the service we provide.  |
|  | Conclusions: This information is being collected for all new patients and there is a form at the from desk for existing patients to fill in. |
|  |  |
|  | Action items: Office Manager to pass this down to all staff and PM to ensure that the standards are met.Alerts S1 to alert staff. | Person responsible:NIPW | Deadline:OngoingOngoing |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  |  | **5** |
|  | **Diabetes 9 Care Processes Figures**Discussion: Diabetes 9 Care Processes Figures |
|  | PW discussed and explained the 9 care processes. Each diabetic have to have 9 tests to ensure that they have had a full diabetic check. The figures were shown to the group and a discussion took place over the areas we were not meeting, which were retinal screening and foot checks and urine checks. |
|  |  |
|  | Conclusions: PW discussed a designated member of staff has taken over the responsibility of retinal screening and diabetic foot check; these are the areas we are not achieving. The group had concerns over language problems with the DNA’s. We have a policy where admin staff have to contact the patient who DNA (if they cannot speak English) we have member of staff that can speak Urdu, Punjabi, Gujarati and Hindi. We also use the enable2 interpreters for eastern European and other languages. |
|  | One member discussed that sometimes no appointment is sent for the foot checks.  |
|  | Action items:To continue with the designated member of staff.To ensure patients are telephoned and reminders sent. | Person responsible:NKSB | Deadline:OngoingOngoing  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  **Pharmacy First**  |  | **5** |
|  | Discussion:  |
|  | Pharmacy first team will be phased out March 2017. Only children between will be able to get medication with this scheme between January 17 and March 17. This is in conjunction with patients not getting over the counters meds from GP’s (see appendix 4) and self-care. |
|  |  |
|  | Conclusions: Inform all patients. |
|  |  |
|  | Action items:Sign to put up.Add to websiteOver the Counter list to be sent to PPG members  | Person responsible:NIGTNI | Deadline:AsapASAPASAP |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
|  | **Gluten Free Products 5**Discussion: A Consultation is taking place on the 2/11/2016 regarding gluten free products. The end result will determine if patients who suffer from coeliac disease will or will not be able to obtain products on prescription.  |
|  | Conclusions: Inform patient of the outcome as soon as we know  |
|  |  |
|  | Action items:Inform patients who suffer from Coeliac disease of the outcome as soon as we know. | Person responsible:RSPharmacist  | Deadline:Asap |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  **Patients to order their PX** |  | **5** |
|  | Discussion: Throughout the CCG it is now policy that all Patients must order their own medications however as a Practice we have done this already.  |
|  |  |
|  | Conclusions: To ensure that this continues. |
|  |  |
|  | Action items:To ensure that this continues. | Person responsible:NK | Deadline:Ongoing |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **On line Access** |  | **5** |
|  | Discussion: We are offering on line access for repeat meds /appointments and for patients to see their own medical summary. This is rolled out to all new patients and existing patients  |
|  | Conclusions: All front line staff to offer this at the front desk. This will gradually have a knock on effect and decrease patient queues at the front desk. |
|  |  |
|  | Action items:All front line staff to offer this at the front desk. To be added to website. A report shall be run each month to determine the increase and action will be taken if needed. | Person responsible:NIGTNK | Deadline:Asap |
|  |  |  |  |
|  |  |  |  |
| **Self Care week**  |  | **5** |
|  | Discussion: Self Care 14/11/2016 -18/11/2016 |
|  | A discussion took place about self-care week and what it actually means to patients.  |
|  |  |
|  | Conclusions:  |
|  | Stalls to be booked and leaflets to be given out to all patients  |
|  | Action items:Stalls to be booked and leaflets to be given out to all patients | Person responsible:NI  | Deadline:ASAP |
|  |  |  |  |
|  |  |  |  |
| **Staff** |  | **5** |
|  | Discussion: A Practice Nurse has left Pavanjit Kaur has left the Practice and we now have a new Nurse starting In December Barbara Sanderson  |
|  | Conclusions: There will a short period where this will cause a problem however this will soon be rectified.  |
|  |  |
|  | Action items:Update websiteUpdate Practice Leaflet  | Person responsible:NINI | Deadline:Asap |
|  |  |  |  |
| **Patients on Amber drugs**  | **ALL** | **5** |
|  | Discussion: Some patients are on certain types of medication (amber drugs) and they have been going to the hospital and getting blood test and PX from there. We are in the process of writing to the Consultant/Patients and offering patients to have this service at the Practice. |
|  | Conclusions: Patients will be happier; it will be more local and will be able to book a blood test 5 days a week plus they can make an agreement with the Pharmacy to deliver their meds. |
|  |  |
|  | Action items:Write to ConsultantWrite to Patient  | Person responsible:PharmacistPharmacist | Deadline:Ongoing  |
|  |  |  |  |
| **TB screening** | **ALL** | **5** |
|  | Discussion:  |
|  | A new service (Tuberculous Screening) is being offered to new patients who have come certain countries aged between 16-35. Patients will be electronically referred when they attend for their new patient health check (Appendix 3) |
|  |  |
|  | Conclusions: Additional Service which will benefit the patient  |
|  |  |
|  | Action items:Update websiteUpdate Practice Leaflet  | Person responsible:GTNK | Deadline:AsapAsap |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Health Advisor**  | **ALL** | **5** |
|  | Discussion: We recently had a stall –open day advertising the Health plus adviser and was surprised how many patients did not actually know that we had the service here. |
|  |  |
|  | Conclusions: This should cut down on patients going to see the GP regarding benefits  |
|  | The next stall will be “Carers Resources” |
|  | Action items:Survey results will be shown to the PPG when finalised. | Person responsible:PW | Deadline:Asap |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Complaints SEA** | **ALL** | **5** |
|  | Discussion: One complaint to be discussed: patient presented with child 4 times –Outcome -Clinical staff have decided that should a patient present more than 3 times with a complaint then the patients should be discussed and referred to the Hospital if all agree. |
|  | No SEAs |
|  |  |  |  |
|  |  |  |  |
| **Any other business**  | **SN** | **5** |
|  |  |
|  | Discussion: The patients were pleased with the new telephone systemThe patient community network meeting is to be held at 12 noon Bankfield Hotel |
|  | **More members are needed.****Member’s profiles are all needed for the website.****Discussion took place as to when the Practice will be getting the self-arrival and call system****Minutes to be emailed to certain members who have given Nisa an email address.** |
|  |  |  |  |
|  |  |  |  |
| **Date and time of next meeting**  |  | **5** |
|  | Discussion: Monday 31/1/2017 12.30pm  |
|  |  |
|  |  |
|  |  |
|  |  |

Appendix 1

 **FAQs**

What information will Connected Yorkshire use?

Connected Yorkshire will use information recorded on computer systems by organisations involved in providing health and social care, for example, medical conditions and treatments. Any details that can identify an individual person will be removed before the information is made available to the Connected Yorkshire project.

Who will access my records?

The records will be available to Connected Yorkshire researchers, as well as some other organisations involved in providing healthcare. Access to the records will only be given to those individuals or organisations approved by an independent panel and citizen juries.

How will the information be used?

The linked information from GP practices as well as other healthcare organisations will be used to improve the way patient care is delivered.

Will this change my medical records?

**No.** This will not change or affect your medical records.

**Access to information**

If you do not wish Connected Yorkshire to have access to your information, then please contact your GP Practice Manager, who will ensure that no information is available to the project.

**For more information**

*www.connectedhealthcities.org* or contact your Practice Manager

MID Ref: 16092901 Author: K. Sohal Bradford Teaching Hospitals NHS Foundation Trust

CONNECTED YORKSHIRE

#DATASAVESLIVES

The Big Picture

The NHS wants every patient to get the best care possible. At Connected Yorkshire our aim is to understand the ‘big picture’ of how we look after patients receiving care from different services such as GP practices, hospitals, the ambulance service and the council so we can find out what will work best to prevent and treat medical conditions for all patients.

All the organisations that care for patients record information about them. At the moment, this information is not joined up. If we want to find out how well we look after patients, we need to link data from the different places that care for patients. Connected Yorkshire will link patient information from different places, including GP practices.

Patient confidentiality and privacy is fundamental to what we are doing, and for that reason Connected Yorkshire will not have access to any information that can identify an individual person. For example, names, dates of birth and addresses will all be removed from the patient information before it is made available to the Connected Yorkshire project.

**Case study: How Connected Yorkshire can help empower independence in older people**

Many older people are affected by frailty which can occur naturally as part of the ageing process, but as a result of becoming frail older people are at an increased risk of falls, disability, and hospitalisation. Usually, help from the health service only comes once the frailty is so severe that a person cannot manage and a crisis happens, like a fall or dehydration. By linking together information across Bradford, Connected Yorkshire will be able to better plan and coordinate services for frail elderly patients. The aim is to provide the right care at the right time. This will keep people as well as possible and as independent as possible, instead of waiting for a medical crisis to happen.

Linking Organisations

Connected Yorkshire will link anonymous information across different health and social care organisations. How will this make patient care better?

1. A better understanding of the health needs of the people of Bradford, including understanding which groups of people need extra support.
2. That understanding will be used to improve the ways we deliver care, so that each patient gets the care that is best for them, at the right time.
3. Improvements in care will reach patients more quickly.
4. When changes are made we can check whether they have helped patients and then make further improvements.
5. Care for patients will be joined up, so that learning is shared and patients get good care in all parts of the health service, not just some parts.

Appendix 2

Parkside Medical Centre

Accessible Information Standard

We will always try to provide correspondence and information in formats patients will find easy to understand-if you have any communication requirements (e.g. if you are blind, deaf or have difficulty reading or if you require sign interpreters etc.) please let us know and we will help.

This form has been written so you can let us know of any specific needs you might, have so we can record these on your records for future reference

The Communication Support You Require

oI use a legal advocate

o I use a citizen advocate

o I use a hearing aid

o I use sign language

o I use British sign language

o I use Makaton sign language

o I use lip-reading

o I use a manual note taker

o I use a electronic note taker

o I use a speech to text reporter

o I use a cued speech transliterator

o I use a lipspeaker

o I use a textphone

o My preferred method of communication is written

o I use an alternative communication skill which is: ­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

o I use a Personal Communication Passport

o I use a communication device which is: ­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­

o I use a deafblind intervener

o I require slow verbal communication

o I require loud verbal communication

o Other: ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Specific Contact Method You Require

o I require contact by telephone

o I require contact by text relay

o I require contact by short message service text message

o I require contact by letter

o I require contact by email

o I require audible alert

o I require visual alert

o I require tactile alert

o Other: ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Specific Information Format You Require

o I require information verbally

o I require information on digital versatile disc (DVD)

o I require information on compact disc (CD)

o I require information on audio cassette tape

o I require information in Easyread format

o I require information by email

o I require information in electronic audio format

o I require information in Moon alphabet

o I require information in Makaton

o I require information in contracted (Grade 2) Braille

o I require information in uncontracted (Grade 1) Braille

o I require written information in at least 20 point sans serif font

o I require written information in at least 24 point sans serif font

o I require written information in at least 28 point sans serif font

o I require information on USB mass storage device

o I require information in electronic downloadable format

o Other: ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Communication Professional You Require

o I require a British Sign Language (BSL) interpreter

o I require a Makaton Sign Language interpreter

o I require an advocate

o I require a deafblind communicator guide

o I require I need a Sign Supported English interpreter

o I require a deafblind manual alphabet interpreter

o I require a deafblind block alphabet interpreter

o I require a deafblind haptic communication interpreter

o I require a manual note taker

o I require a lipspeaker

o I require a Visual frame sign language interpreter

o I require a Hands-on signing interpreter

o I require speech to text reporter

o Other: ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Nature of your Communication Need

oRegistered partially sighted

o Registered blind

o Deafness

o Bilateral deafness

o Unilateral deafness

o Partial deafness

o On learning disability register

o Autistic spectrum disorder

o Dyslexia

o Other: ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appendix 3

**We are running a pilot to improve the timeliness of screening for patients at risk of Tuberculosis infection**. Currently new patients arriving here from countries with risk of TB infection, are picked up by NHSE via the Flag4 system, but we know from experience that it’s taking several months for them to be offered screening, and we’d like to speed this up to reduce the potential risk of the spread of TB in the local area. We also know that in the future, Flag4 will cease to be, so the time is right to try out a better way of making these referrals, and get it right, for the benefit of our patients.

We’ve already been running the pilot since June 2016, with the 5 practices in Bradford with highest amount of patients from countries considered at high risk of TB, and now we are extending the invitation to all practices across Bradford City & Districts CCGs (for appropriate patients).

**We would like you to commence making referrals for new patients you are registering with your practice (who qualify) with immediate effect**.

Appendix 4

Reduction of prescribing of OTC medicines

These are the conditions we are proposing patients should self manage:

Athletes foot Backache

Blocked nose Cold sores

Common cold Conjunctivitis

Constipation Coughs

Diarrhoea Dry skin

Ear wax Eczema (mild)

Haemorrhoids Hay fever

Head lice Heartburn

Indigestion Infant colic

Insect bites/stings Mouth ulcers

Nappy rash Oral thrush

Short term pain Scabies

Sore throat Sprains and strains

Teething

Temperature or fever Threadworms

Vaginal thrush Verrucas or warts