

## **Patient participation meeting Minutes 22 January 2013**

Attendees – Alison Broadhead (AB), Dr Andy Marshall (ASM), Brenda Nelson (Practice nurse), Jan Outram (Sheffield Carers centre), Roger Cose, Tony Day, Elaine Henderson, Lloyd Snellgrove (patient representatives).

Apologies – Giles Morrison, Sue Warwick, Mick Bradley

AB opened the meeting by thanking everyone for their attendance and for the benefit of the patient group ran through the changes made as a result of the ideas put forward by the group last year.

These were –

Appointments can now be booked online

Early morning surgery 1 day per week on a Monday from 7.30 a.m

Small business cards that give information about how to obtain test results

2 new notice boards purchased – one dedicated to current health/lifestyle information.

Patient health checks – can't really take credit for these as it is a wider NHS initiative, we didn't have to sign up for them but we felt that these would be welcomed by those patients who qualify for one. (40-74 no with no current health issues).

AB then handed out a paper which briefly explains what is currently happening to the Primary care trust and how it is changing into the Clinical commissioning group (CCG) (this has been sent out by AB to the patient group previously but happy to send again if you didn't get it)

AB gave those present a brief update on our requirement to register with the Care Quality Commission –

Summary as follows - Along with Dentists, hospitals, care homes and care at home services we are now required to register and be legally compliant with the Care Quality Commission's regulations. If we failed to register, from April 2013 we wouldn't be able to provide a GP service from Manchester Road Surgery. This has been a long and time consuming process and involved us checking we were compliant in not just clinical areas but also in relation to staff, infection control and the safety of equipment and the premises. We are pleased to say we were able to submit our application within the timeframe and this has been accepted. From April means we could be visited (given 48 hours notice) every two years by the CQC who will interview staff, patients and have the authority to look at patient records. We are waiting to find out what we will have to pay to register possibly about £800!

CSW – ASM updated those present about a new project the surgery has been involved in setting up along with 5 other local practices. A Community Support Worker (CSW) (employed by the council but funded by a citywide project called 'Right first time') will be working alongside the district nurse teams attached to 6 local practices. The role of the CSW is to help someone identify and find the help that they need to enable them to live a healthy and independent life for as long as possible and reduce their need for statutory services. The idea is to reach people who may need a little help now to prevent them reaching crisis point in the future, thus reducing hospital admissions and referrals to social services.

AB then asked JO to speak about the work done by the Sheffield carers centre – See attached PowerPoint presentation.

After the talk by JO, ASM asked her how the surgery could be more helpful to those in a caring role and how we could identify them for our records. AB pointed out that we have 74 carers on our list according to guidelines our list should be nearer to 400.

Summary of points raised by the group.

Just listening to the carer can help enormously.

Carers are often depressed, look out for signs of this and ask questions

Providing information and signposting the carer in the right direction.

Make up a leaflet with help that is available locally e.g care in Crosspool.

Practice nurse visits (to the person being cared for) where necessary are much appreciated by the carers.

It is useful to get permission from the person being cared for, to enable sharing of medical information with the carer.

Although the practice asks all new patients when they register if they are a carer we need to put up more information asking patients to notify us if they have become a carer. Also to encourage staff to be more proactive and update the clinical system if they become aware that the patient is a carer.

AB then closed the meeting.