

## Notes of Meeting held on Tuesday July 9th 2019

**Present:**

Keith Ainsworth	Jill Ainsworth Beardmore [JAB]	Chris Cook (chair) [CC]	Barry Dixon
Carys Faichney	Janet Harris	David Hawkes	John Howat
Paul Lerwill	Sally Malyon	Dr Vipul Parbat [VP]	John Stacey
Maureen Stacey			

Issues Discussed	Action
<p><b>1. Welcome and introductions</b></p> <p>Keith Ainsworth, Janet Harris, Paul Lerwill and Maureen Stacey were welcomed to the meeting. Apologies were received from Hilary Mills-Williams, Hitesh Dodhia, Alan Waugh, &amp; Adrian Whyte.</p>	
<p><b>2. Notes and actions of the meeting held on 30 April 2019</b></p> <p>Agenda item:</p> <p><b>2. Disabled Access - update</b></p> <ul style="list-style-type: none"> <li>• New doors will be installed between both landings and the reception areas on Saturday 27<sup>th</sup> July. The doors will open towards approaching patients automatically when they arrive on the landing. This will allow much easier access for wheel chair users and parents with young children. To leave the reception area there will be a push button.</li> <li>• The project has been jointly funded by the GP Partners and NHS Herts Valleys CCG.</li> </ul> <p><b>4. Lincoln House Patient Survey – update on actions</b></p> <p><b><i>ACTION: Check patient appointment satisfaction data.</i></b></p> <ul style="list-style-type: none"> <li>• The data Error has now been corrected</li> <li>• <b><i>ACTION: Practice Manager to explain the provision of interpreters in consultations</i></b></li> <li>• The secretaries regularly arrange face to face interpreters for patients who need them</li> <li>• A phone ‘Language line’ is used when the required interpreter is not available</li> <li>• The Lincoln House website lists the languages each GP can consult in</li> <li>• The new website will have a facility to change the whole site to another language by selecting the required language at the top of the page</li> <li>• <b><i>ACTION: Practice Manager responses to problems patients face when trying to phone in</i></b></li> <li>• Online booking is promoted by receptionists every day to reduce the number of calls.</li> <li>• Nurse appointments must be made by telephone or in person because different nurses offer different services and different services require different lengths of time</li> <li>• Waiting time varies throughout the day and on different days of the week:  <u>Quieter times:</u> Tuesdays, Wednesdays and Thursdays and lunchtime every day.  <u>Times to avoid if possible:</u> Mondays and Fridays; the peak times 0800-0930 everyday; after 1600 on Fridays</li> <li>• The reception manager will add some additional messages to the phone queue</li> <li>• Information was published in the June newsletter</li> </ul>	

<p>The issue of patients waiting for a phone consultation from the doctor was raised. Doctors usually have a specified number to ring on their appointment sheet, if not, they will normally try a mobile number first. They will be asked to try all numbers. They usually only dial twice.</p> <p><b>ACTION: Doctors to put a break in their appointments</b></p> <ul style="list-style-type: none"> <li>• This happens where necessary</li> </ul> <p><b>ACTION: Ensuring that practice staff are aware of and consider the survey responses</b></p> <ul style="list-style-type: none"> <li>• Patient Survey results are discussed with the whole staff team</li> <li>• In future, the notes of Patient Group Meetings will be sent to email addresses of all staff groups</li> </ul> <p><b>5. Engagement with Patients and hard to reach groups – Agenda item 5</b></p> <p><b>6. Agenda items and New ideas for 2019 - Agenda item 6</b></p>	
<p><b>3.Surgery Developments</b></p> <p><b>a) Care Quality Commission (CQC) Interview</b></p> <p>Lincoln House was inspected two years ago. Last week the Practice Manager and Dr Jaffer were interviewed on behalf of the practice. <i>[News since the meeting: the surgery has received positive feedback and has been informed in writing that it will not require a CQC visit for 12 months.]</i></p> <p><b>ACTION: Dr Parbat to report on the CQC feedback at the next meeting.</b></p> <p><b>b) New website</b></p> <ul style="list-style-type: none"> <li>• New features of the website will include online application for sick notes, cancellation of appointments and a travel advice clinic.</li> <li>• The ‘ask the doctor a question’ facility will not be offered at Lincoln House due to concerns such a response to an urgent problem being delayed. The surgery wants to promote patient self care through making use of the online services such as <a href="http://www.nhs.uk">www.nhs.uk</a>. Patients who need immediate advice about a health concern are advised to use <a href="http://111.nhs.uk">111.nhs.uk</a> or to telephone 111. These services are available 24 hours per day, 7 days per week.</li> <li>• It is hoped to launch the website at the end of July or beginning of August</li> <li>• It has been agreed that the Patient Group should continue to have control of their area of the website.</li> </ul> <p><b>ACTION: JAB &amp; CC to work on the Patient Group area of the new website</b></p> <p><b>ACTION: The Practice Manager, HMW to be asked to report on the website at the next meeting.</b></p> <p><b>c) Staffing</b></p> <ul style="list-style-type: none"> <li>• Dr Parbat now works on Mondays &amp; Tuesdays; Dr Dave works Thursdays and Fridays.</li> <li>• The practice staff continues to be stable and there is ‘succession planning’ to take on the roles of those due to retire over the next few years.</li> <li>• A member of the admin staff is retiring and receptionists are being trained to take on her roles. 50 applications have been received for a new reception role.</li> </ul> <p><b>d) Primary Care Network (PCN)</b></p> <ul style="list-style-type: none"> <li>• Lincoln House Surgery is now in a Primary Care Network with surgeries in Kings Langley and Bovingdon. This group of practices will work together to share skills and run services at a larger scale.</li> <li>• Dr Anwer is the Clinical Director and Lincoln House’s Practice Manager, Hilary Mills-Williams is the Secretary.</li> <li>• A concern was expressed that problems, or closure of one of the practices, in a PCN could have an impact on the others. It was explained that the PCN surgery grouping is based on location and that list dispersal if a surgery closes is independent of that. Lincoln House has taken on patients after the closure of another surgery in the town during the last year: this is part of normal practice.</li> </ul>	<p>VP</p> <p>JAB CC HMW</p>

<ul style="list-style-type: none"> <li>Over time, merging of practices in PCNs may occur but that would be a long term change. Objectives are to make the services more efficient and to create more stable staffing.</li> </ul> <p><b>e) Suggestion that Dr Parbat/Practice Manager send a deputy to Patient Group meetings if they are unable to attend</b></p> <ul style="list-style-type: none"> <li>It is hoped that this will not be necessary if meetings can be scheduled to suit both of their diaries</li> <li>It was felt that it would be beneficial to both the patient group and to the surgery admin team if different members of the reception/admin team could attend Patient Group meetings in rotation</li> </ul> <p><b>ACTION: VP to arrange for a member of the reception team to attend the next meeting.</b></p> <p><b>f) Telephone system</b></p> <ul style="list-style-type: none"> <li>It was asked whether the surgery could have a telephone menu system to direct callers to different departments. It was explained that this would not be feasible with such a small team.</li> </ul>	<b>VP</b>
<p><b>4. Issues Raised by Patients &amp; Patient Groups</b></p> <p><b>a) Views of patients attending Patient Group meeting for the first time</b></p> <ul style="list-style-type: none"> <li>Many people explained that they and their families had remained as patients of Lincoln House over decades and had received a good service. There were no major issues reported.</li> <li>It was agreed that communication with patients about the surgery, the Patient Group and the local NHS services could be much better. It was felt that the Patient Newsletter does inform people and that it would be good to reach more. Being at the meeting made things even clearer. There is still confusing jargon in much of the information eg. CQC, CCG, PCN etc. Even the term PPG has little meaning to patients: we will use the term Patient Group increasingly in future. The group could make a real effort to explain things to the public and to include glossaries where appropriate.</li> <li>The patients attending the Patient Group meeting for the first time said that attending the meeting had been very useful. Personal contacts are the best way to encourage people to become involved. It is important to welcome people to attend meetings as and when they wish. It is hoped that having been once, patients might wish to attend again the future, but people are more likely to come if they feel that doing so does not commit them to anything unless they wish to do so.</li> <li>The issue of engaging young people was raised again. Past attempts were not successful, partly because many teenagers are busy and healthy and are not big users of the surgery. Going into schools was a suggested approach, but there are difficulties with this such as the fact that the Lincoln House patients are only a small proportion of a secondary school population. Even targeting a particular group of students such as those studying Health and Social Care is not straightforward as the chances of finding Lincoln House student within a class of say 15 is not high.</li> </ul> <p><b>ACTION; JAB and CC to consider whether there is any way to target young people who do actually use the surgery.</b></p> <p><b>b) Issues raised by patient groups by email</b></p> <p><b>PEOPLE WITH LEARNING DISABILITIES</b></p> <ul style="list-style-type: none"> <li>Positive feedback was received about the care that patients receive but the communication problems which some patients face was highlighted.</li> <li>It was asked whether a doctor could become a 'champion' and learn basic Makaton to improve communication with those whose speech is not so clear and who like to use signing. VP said he could ask whether there is anyone interested in this, however, it is probably not feasible for a doctor to rely on Makaton in a consultation because of the risk of miscommunication and errors in interpretation. The surgery has a relatively small</li> </ul>	<b>JAB CC</b>

<p>number of patients with learning difficulties so it may be necessary to look at how to support these in other ways. A carer or parent could be actively encouraged to take up the role of interpreter signer to make it clear that the doctor was wanting to communicate directly with the patient in the way they are most comfortable with.</p> <p><b>ACTION: VP to raise the issue of communication with patients who have learning difficulties at a staff meeting and ask whether anyone is interested in learning basic Makaton.</b></p> <p>PEOPLE WHO LIVE ALONE</p> <ul style="list-style-type: none"> <li>• People living alone report good service from Lincoln House but note they have had good health and have not faced the difficulties which can arise if unwell when living alone. If people make the surgery aware that they live alone, this can be put on their records so people dealing with them are aware.</li> <li>• There is a code for housebound which can also be put on patient records.</li> <li>• Summary patient records are now available for services like 111 to see but not all information is included.</li> <li>• People need to be aware of the need for them to make the people treating them aware of their personal circumstances. If for example a person living alone has a telephone consultation and a prescription is issued for them, it is possible for it to be sent electronically to a pharmacist who will deliver the medication.</li> </ul> <p>CHILDREN</p> <ul style="list-style-type: none"> <li>• There have been many positive reports of the service for children at Lincoln House but a very common concern is about the waiting times in the surgery which can be difficult for parents of young children who are unwell. Parents are reminded to speak to the receptionist about any problems.</li> </ul> <p>The Patient Group needs to continue to encourage patients to communicate issues they wish to raise by email to the Patient Group but also making use of the formal systems for giving feedback such as in the surgery or PALS based at hospitals.</p>	<p>VP</p>
<p><b>5. Engagement with Patients &amp; hard to reach groups</b></p> <p><b>a) Engagement via the newsletter</b></p> <ul style="list-style-type: none"> <li>• We are slowly building up email contacts with patients with a special interest as carers, those with children, learning disabilities and those living alone.</li> </ul> <p><b>ACTION – JAB to try to establish email contacts with young people and older people in addition to the groups listed above via the newsletter and bring any issues raised to the next meeting</b></p> <p><b>b) Newsletter sign up link in the Lincoln house website news section</b></p> <ul style="list-style-type: none"> <li>• There has been some success with recruiting patients to receive the newsletter via this link</li> </ul> <p><b>ACTION – JAB to ensure that a prominent link is included on the new website.</b></p> <p><b>c) Newsletter sign-up sheets</b></p> <ul style="list-style-type: none"> <li>• These are now available in reception and via the nurses. Responses have been slow so far.</li> </ul> <p><b>ACTION – JAB to continue to seek support from staff to promote this and to establish a reliable method for collecting completed sheets.</b></p> <p><b>d) Patient Group Facebook Page</b></p> <ul style="list-style-type: none"> <li>• JAB has started work on a Patient Group Facebook page to try to engage more with younger patients.</li> </ul> <p><b>ACTION – JAB to continue work on Facebook page and report back at the next meeting</b></p> <p><b>e) Notices</b></p> <ul style="list-style-type: none"> <li>• Modern thinking is to move away from notice boards which many people ignore or only look at them when bored. Some of the notice boards in the surgery are too ‘busy’. It might be worth looking at having one or two large posters printed and trying something like having a ‘Sign up to the newsletter’ poster next to the ‘Free WiFi’ one.</li> </ul>	<p>JAB</p> <p>JAB</p> <p>JAB</p> <p>JAB</p>

<p><b>ACTION – CC to investigate feasibility of having a noticeboard on the ground floor on which to display just one or two eye catching notices which are changed regularly.</b></p> <p><b>f) Manor Estate Residents Association (MEAPRA)</b></p> <ul style="list-style-type: none"> <li>Many of the people who live on the Manor Estate are patients registered at Lincoln House. The association has a website <a href="http://www.meraonline.co.uk">http://www.meraonline.co.uk</a> It was suggested that the Patient Group links up with the residents association and that the two organisations work together to inform the public eg. Ask them to put a link to sign up to the newsletter on their website.</li> </ul> <p><b>ACTION – JAB to contact MEAPRA and then report back at the next meeting.</b></p>	<p>CC</p> <p>JAB</p>
<p><b>6. Evening Information Session – confirmed Monday 30 September</b></p> <ul style="list-style-type: none"> <li>It was agreed that the next evening information session for patients should be Monday 30<sup>th</sup> September and the topic will be Dementia: prevention and living with it.</li> <li>The evening could include three sessions of up to 30 minutes each led by Dr Parbat, Heather Aylward “Dementia friends” and Hertfordshire Health walks.</li> <li>This evening could be marketed to a broad group of people in middle and older years who may be affected by, have the possibility of developing or be caring for someone with dementia. There was some concern that too many people might come, but this has never happened before. It was decided to ask people to confirm their attendance to try to gauge numbers and be prepared to run more than one evening if necessary.</li> </ul> <p><b>ACTION: CC &amp; JAB to discuss then contact the speakers and market the evening which will take place before the next Patient Group meeting</b></p>	<p>JAB CC</p>
<p><b>7. Local NHS news</b></p> <ul style="list-style-type: none"> <li>The significant local news is about the development of <b>hospital services</b>. The NHS HVCCG and West Herts Hospital Trust (WHHT) Boards are to make the decision on Thursday 11<sup>th</sup> July in public about which of the four possible ways of spending the £350m they intend to proceed with. JAB will be sitting on the HVCCG Board when this decision is taken as patient representative. In an ideal world, many people would prefer to build a new hospital on a greenfield site, but that is not feasible within the spending limit of £350m which the local NHS commissioners and provider have been set. The expected way forward is to proceed with Option 1, the 3 site plan. There would be new building on all three sites. The plan provides major investment in the acute and emergency services at Watford Hospital including a new women’s/children’s block, a new theatre block and new wards; development of planned surgical services and a new cancer centre in St Albans; and consolidation of planned care services plus a newly built urgent treatment centre on the Hemel Hempstead Hospital site. <i>[After the meeting and before these notes were written, the decision was taken as expected.]</i></li> <li>It was suggested that JAB could lead a discussion with the Patient Group about what the new developments are likely to mean for the residents of Hemel Hempstead.</li> <li>JAB will continue to provide updates and links to the official documents in the Lincoln House Patient Newsletter and on the Lincoln House website.</li> <li>Patients are urged to take part in consultations and to ask questions/give their views. People who use Moorfields Eye Hospital may wish to take part in the consultation about the re-location of the hospital.</li> <li>People are also encouraged to attend the local NHS meetings.</li> </ul> <p><b>ACTION: JAB to continue to provide updates about the local NHS services and to include a discussion about the hospital developments on a future agenda.</b></p>	<p>JAB</p>

<p><b>8. Agenda Items for future PPG meetings and Other New Ideas for 2019</b></p> <ul style="list-style-type: none"> <li>• Contact with <u>other Patient Groups</u> in our Primary Care Network: there has been no response from the Kings Langley practice contacted. Another practice could be tried, but this may be premature as PCNs are only just being established.</li> <li>• Could the surgery consider employment of a <u>nurse practitioner</u>?</li> </ul> <p><b>ACTION: CC to write to Dr Parbat and ask whether this is being considered by Lincoln House as a replacement the current long serving nurse who retires at the end of the year</b></p> <ul style="list-style-type: none"> <li>• It would be good to hear about the <u>role of the clinical pharmacist</u> in the practice. How does he work with the doctors? What is his role in carrying out drug reviews? Many patients may be unaware of the benefit of seeing a pharmacist. Could the Patient group help inform patients?</li> <li>• NHS App</li> <li>• Electronic patient records</li> </ul> <p><b>ACTION: Consider including the role of the clinical pharmacist, the NHS App and Electronic patient records on a future Patient Group meeting agenda.</b></p>	<p>CC</p> <p>CC</p>
<p><b>Any other business</b></p> <ul style="list-style-type: none"> <li>• <b>Ghost patients:</b> some practices have practices on their lists who do not exist because they have died or moved away. Are there any at Lincoln House?</li> </ul> <p><b>ACTION: JAB to ask the Practice Manager what is in place to try to ensure that the practice patient list is accurate</b></p>	<p>JAB</p>
<p><b>Date of next meeting</b> The next meeting is confirmed as Tuesday 15 October 2019</p>	

**Glossary:**

<p>Care Quality Commission CQC</p>	<p>The CQC is the independent regulator of all health and care services in England. It monitors, inspects and regulates hospitals, GP surgeries, care homes and dental practices to make sure that they meet standards of quality and safety. They publish reports on their findings.</p>
<p>Herts Valleys CCG HVCCG</p>	<p>NHS Herts Valleys Clinical Commissioning Group: the organisation which receives funding from central NHS in order to plan and pay for local NHS services in South West Herts.</p>
<p>Patient Advice and Liaison Service PALS</p>	<p>The Patient Advice and Liaison Service, PALS, listens to patients, their relatives, carers and friends, and answers their questions and resolves their concerns as quickly as possible. They are based at hospitals</p>
<p>Primary Care Network PCN</p>	<p>The NHS long term plan requires GP practices to be part of Primary Care Networks (PCN). A PCN is a group of practices which work together to provide services for their 30,000-50,000 patients.</p>
<p>West Herts Hospital Trust WHHT</p>	<p>The local NHS Trust which runs the hospitals in Hemel Hempstead, St Albans and Watford.</p>