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**NOTES FROM HEALTH CARE FIRST PPG MEETING**  
**THURSDAY 22 August 2019**  
**Held at Pinfold Surgery, Methley**

**Present:**

|                       |                        |
|-----------------------|------------------------|
| Dr Phil Earnshaw (PE) | Senior Partner of HCF  |
| Sue Allaway (SA)      | PA/Office Coordinator  |
| Elaine Jones (EJ)     | Staff Liaison Manager  |
| John McCarten (JM)    | Patient Representative |
| Mick Booth (MB)       | Patient Representative |
| Terry Waite (TW)      | Patient Representative |
| Robin Leese (RL)      | Patient Representative |
| Andy Wright (AW)      | Patient Representative |
| Hilary Speak (HS)     | Patient Representative |
| Margaret Wylie (MW)   | Patient Representative |
| Shirley Wright (SW)   | Patient Representative |

**Apologies:**

|                |                           |
|----------------|---------------------------|
| Robert Seymour | Patient Representative    |
| David Atkinson | Patient Representative    |
| Mr Tim Johns   | Practice Business Manager |

**1 SA welcomed everyone to the meeting.**

Everyone introduced themselves

RL introduced himself and explained that he and TW represents the practice at the PPG Network Meetings. RL explained what the meetings were about.

**2 Minutes of Previous Meeting**

PE read through previous meeting minutes

**3 Armed Forces Veteran Friendly Accredited GP Practice**

EJ handed out information packs.

EJ informed everyone that we have received our Certificate of Accreditation.

This is exciting news and explained that Health Care First are passionate about improving access to healthcare for veterans.



Whilst many aspects of the health needs of veterans are the same as for the general public, there are sometimes significant differences. This can be attributed to service life and the impact upon families. EJ went on to say that the NHS will ensure that in line with the Armed Forces covenant, those in the Armed Forces, reservist, their families and veterans are not disadvantaged in accessing health services in the area they reside.

EJ went on to explain that our lead is Dave Lighten who is part of our Visiting Team and he is an ex-Veteran, so we are really excited that Dave is our lead.

SW asked where was DL based.

EJ explained that DL works across all our sites including Normanton.

SW asked if a veteran came into surgery and needed help, would a GP be able to refer to DL

PE explained that we would just need permission from the veteran to pass their details to DL for him to contact them. We know it is not a huge number, but we also know they can hugely suffer in civilian life.

RL asked if we are the only practice that has been accredited?

EJ informed we are the only practice in this area that has received the Accreditation.

RL asked if this was something they could mention at the next PPG Network Meeting.

PE said, this would be good to inform that we have received this Accreditation.

MB asked the question, what happens if they are still in the forces and cannot get an appointment with a dentist etc.

PE says, they should have priority, so for example if the dentist reject, then this is not correct as the forces should get priority.

EJ explained that the accreditation only last for 3 years, so after this time we have to reapply for it. This is checked to make sure that people are keeping up with the online training, so we will have to apply again.

#### **4 Online Service for Park View Patients**

PE explained that we weren't able to offer online services for Park View Patients due to an IT problem.

From 02 September 2019 this will now become available.

PE went on to advise that everyone can also sign up to the NHS App.



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AW asked if the App replaced the online service.

PE explained that the App is much better. PE ran through how to set the NHS App up. Explained that patients can order repeat prescriptions from the App.

SW asked if she would be able to do this for her husband?

PE explained that because of the face recognition, this will not be possible, but can continue to use the online service.

PE went on to explain about the problem with contracts for QS and PV surgeries. The old Ferrybridge and Elizabeth Court surgeries were under one contract, but QS and PV surgeries were under another which has caused problems. We have now been given permission with the contracts, but this may take a few months for them to become one.

JM asked if he went to hospital and they asked which practice he was at, he would usually say Queen Street, asked if this is correct.

PE advised to say Health Care First.

EJ informed JM that if patients started saying Health Care First, then letters etc, still get processed in the same way whichever surgery the letter went to.

PE went on to explain that increasingly the phones are answered centrally. Visits are dealt with by our visiting team. If you need a GP it will be more than likely your local GP. People who are in a nursing home are always better to be seen by the nurses as they have better community experience. If it was someone requiring palliative care, then it would be a GP.

PE explained about appointments and explained that we are a training practice and that we now have our new intakes. The new registrars started seeing patient from Wednesday 21 August. At present we have 21 doctors that are trained and 9 trainees.

PE advised that two of our previous Trainees have now joined us as salaried GP's which we are really pleased about.

RL asked if patients can go to any site.

PE explained that all patients can go to any site.

TW asked if our service got congested could patients go to Middleton Walk in Centre.

PE advised patients can go there.

EJ explained that Methley patients can go to Middleton, but Castleford patients would go to Pontefract Acute Centre.



PE explained that Middleton is only a walk in centre. In the middle of Wakefield there is King Street Walk in Centre, it is nurse led and runs from 10am – 10pm 7 days a week, 365 days a Year. No longer A&E at Pontefract, this is now an urgent treatment centre and that is open all the time, 24 hours a day, 365 days a year. If you have got something like a minor injury, then this is the best place to go. If you have got something that needs any specialist treatment, then you have to go to Pinderfields A&E. As part of the Primary Care there is not only out of hours now, there is GP Care Wakefield service that runs from Pontefract Hospital and from Trinity Health Centre in Wakefield that offers appointments from 6am – 10pm every week night and from 9am – 3pm on a Saturday/Sunday and Bank Holidays. These are the ones that you would access by ringing either the surgery or phoning 111. There is actually quite a lot of services.

SW asked the question “how do people know about these things, because SW didn’t”

PE, says The Walk in Centre in Wakefield has been open since 2001.

RL informed that if you ring 111 for the Pontefract Acute Centre, then you get priority over patients who have just walked in.

EJ/PE didn’t know this, but PE explained that if they have phoned 111, then they must have been a little worried about the patient and booked them an appointment.

SW explained that listening to this is very interesting as there are a lot of people out there that don’t realise there are all these services out there.

EJ we are aware of this and within the practice we are trying to get some “Access Boards” in reception for patients to see regarding all the extended services. Wonder if it would be good if the PPG could get involved in this to help promote the access boards. We realise that we need to have a standard across all our site.

EJ went on to say that we have just had permission to purchase these boards, but we are going to put all the information behind glass as patients tend to just put anything on the notice boards.

AW, we have discussed this before as it is only patients coming to the doctors who will see it we just need to be aware that there are patients out there who don’t come to the doctors who aren’t aware of it. How do we get to them?

SW suggested posters up in shops. Also mentioned when last went to the dentist, they had a television where they had lots of adverts.

AW said the notice boards are fine, but how many people look at the notice boards when they are sat in the waiting room. The majority of the time they are on their phones.



EJ asked about PPG getting involved and do a survey. To go into the waiting room and speak with patients to see what they feel would work the best. We could get some figures back and see what our patients want.

HS felt it had been done before, but when there are poorly people in the waiting room, they are not really interested.

AW suggested Methley Community Facebook

PE says we just need to know who the administrator is, but we also have to be careful with social media. People use Facebook as a platform to put comments.

SW says but only thinking of an advert or something to this effect.

MW says it just needs to be put on where they cannot comment

## **5 ECHO Launch – Every Child Has Options**

PE informed about a new and exciting service which will be based at Beauforth House, Ferrybridge. The service is aimed at helping children from 0-19 and their families with behavioural issues, counselling advice and referral to and from clinicians, where appropriate. The service will be held weekly from 4-6 on a Tuesday evening. The service already operates at Ashgrove Medical Centre on a different day and has been well received and used.

The ECHO service has established good contacts with local schools.

The service has received funding from various partners such as SSE.

The service has a mentoring specialist advise service from Ex- police.

EJ informed that we can refer anyone from any of our sites, but the service is only based at Ferrybridge at the moment.

EJ explained that this is really going well and the feedback we have had is that they have had 230 appointments and families have come along and gained something from the sessions.

## **6 GASPED – Family Support Service**

This is a registered charity offering information, advice, help and support for the parents, families and carers who care for or are affected by a loved one's drug and/or alcohol misuse.

PE went on to explain that we have opened up our surgery to GASPED. Again this is supporting families and they are now offering services on a Saturday morning at Ferrybridge.

## **7 PCN Update \_Update on range of Extended Hours Services**

Primary Care Networks now working together and we are doing our extended hours.

At the moment this is done at Ferrybridge, but hoping that come Autumn we will be spreading it about to open in Normanton, but will be using Kings Medical Practice, but



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using our own staff. We are also hoping to open Castleford Medical Practice do an Evening through the week and Kings Medical Practice, Normanton have an early morning Surgery.

JM asked if QS and PV surgery were going to close.

PE says lease is up in 2020 and so we have to look at the situation now and decide whether we stay or move. We have looked at Kings Medical Practice, but not sure if they have the appropriate space for us. It is something we are looking into.

On a Saturday morning at Ferrybridge, we have a doctor working from 8am – midday, a Nurse working from 8am – midday and we also have an assistant working 8am – midday We have had physiotherapist in and at the moment we are trialling a pharmacist doing telephone reviews . All this is in addition to GP Care Wakefield.

RL asked if there would be a possibility of the practice having their own Walk in Centre?

PW says not at the moment, but could be something we look at in the future.

JM says, they have to leave, but just wanted to know when they would be able to order prescriptions for 3 months rather than 1 month.

PE explained that this is an NHS policy to only prescribe 1 month at a time.

MB asked how far in front can patients order as going on holiday and wanted to place order early.

PE says can order early, you just type in the reason you are requesting early.

AW asked what percentage of patients have signed up to online service.

EJ explained that the highest percentage of sign ups is at Queen Street, but cannot give an exact percentage.

PE says when we have looked at the actual percentage is something like 25%.

AW says this is not a very high figure. Just wants to reiterate to try and make people aware of these services.

PE explained that the online service is not the easiest for signing up to, that is why the App is easier. In September there will be a big NHS push for the NHS App.

MB asked the question about what if the elderly/vulnerable don't have access to a computer.



EJ when to a meeting for NHS digital which is looking at how carers, elderly and family members can access health care services. This is looking at how we can provide delegated access for people who have difficulty accessing services. We are aware that there are patients out there and we are trying to see how we can remedy this.

EJ explained that patients can have bi-proxy access and for children aged 12 -16, parents can do it on their behalf.

## 8 Engage Software

Engage is an online medical history taking tool. This allows the patient to provide the Surgery with a detailed well-structured report on their symptoms in their own time, not the GP's.

PE We have some feedback from this ;

- Went live with this service, soft launch about a month ago
- Sent text to all patients about it two weeks ago
- It is for non-urgent queries
- We have had 50 consultations to date
- 18/19 patients who reviewed it after using it would recommend it to Families and Friends

PE wondered if there was anyone that would like to help to promote the service. There would be training on this.

RL asked what is the response time from this.

PE explained that it is the next working day.

## 9 Group Consultations

PE explained that group consultations will be set to roll out for long-term conditions The group consultations work in primary care, although the model may vary slightly from condition to condition and patient group to patient group:

- Group consultations are led and run by a process facilitator. They last around 90 minutes
- The clinician decides whom participates and invites people personally from amongst their patient list
- Prior to the group consultation, people have all the correct tests and check-ups done prior to the group consultation.
- If someone needs to speak to the clinician alone, this would happen after the clinical session is over or they get an appointment scheduled shortly after.
- At the end of the session, this is then summarised with the group.

PE wonders what peoples thoughts are?



MW feels this is very good. Feels that if you sit and talk to people who are having the same problems/situations as you are, then this does help a lot.

AW asked if these group consultations would be by age group.

PE explained that, this is something we would look to do.

**10 Carers Event**

EJ discussed the next Carers Event which will be held on 3 September at Pinfold Surgery at 2pm.

We have NHS digital Team coming in.

Ladies from Knit and Natter who are coming in to showcase some of their work

There will be cake

Everyone is welcome.

Did speak about getting someone in to discuss Power of Attorney, but because this will be a big schedule, so we will have to arrange it for the next one.

**11 Any Other Business**

RL asked the question about Flu Injections

EJ explained that we have all the information and should be advertising Flu Campaign by the end of September. Our nursing team have a meeting shortly to discuss advertising and the flu campaign.

**The meeting closed at 6.50pm**

**The date and time of the next meeting will be:**

**Thursday 14 November 2019 at**

**Queen Street & Park View Surgery, Normanton, WF6 2BU**

**at 5pm**



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