

**The Grove Patient Voice
Wednesday 2nd November**

Present

John Smith (JS)	Christian Townend (CJT)	Claire Atkinson (CA)	Liz Robson (LR)
Judy Carrick (JC)	Margaret Smith (MS)	Kathleen Haldane (KH)	

Apologies – J Burdus

Serial (a)	Event (b)	Action (c)
1.	<p>Welcome & Introduction</p> <ul style="list-style-type: none"> • JS Welcomed and thanked all for attending and Introduced A Hately senior practice nurse at the Grove who will be talking about the nursing role. 	
2.	<ul style="list-style-type: none"> • JS – Reviewed the minutes of the last meeting held on 3rd August 2016 there were no amendments or items to be revisited 	
3.	<p>The Role of the Practice Nurse – Ann Hately</p> <p>The Grove has a 3 tier team which consists of: Gillian - Phlebotomist, who is gradually training to be a health care assistant, Linda – Senior Health care assistant, Linda sees chronic disease patients for data collection, ECG's, health checks and diet/weight Melissa (currently on maternity leave) Marie – Treatment room nurses who see patients for simple chronic diseases, travel vaccinations and general treatment room duties Jenny/Ann (Team lead) sees the more complex multiple chronic disease patients, both Ann and Jenny are prescribers so can diagnose and prescribe drugs which alleviates the GP's. Workload.</p> <p>Marie is also providing an ear suction clinic which will work in line with the GPwsi service that Dr Viswanathan provides at the surgery. Ann and Jenny are also carrying out home visits to see housebound patients and manage their chronic disease. Ann explained in January, the nurses will be taking on a new project called "Year of care" this puts the responsibility of care on the patient, taking it away from the clinician. It is about improving care for people with long-term conditions (LTCs) in the NHS and putting patients with LTCs such as diabetes firmly in the driving seat of their care, whilst supporting them to self-manage.</p>	

	<p>JC added “I attend for chronic disease management and I receive a high level of care from the nurse team. I trust the level of care I receive and there is no requirement for me to see a GP regarding my condition as it is well managed”</p> <p>CT added – Ann and Jenny sit at the higher level of nursing which enables them to management complex chronic diseases. They are also part of the nursing community cluster project which is being delivered to patients in our cluster group. This service is usually delivered by community nursing, which has moved much more towards palliative care and the nurses are not always trained within chronic disease. To help address this issue the cluster nurse programme pilot was developed and will train nurses and help them attain the level of skills required to deliver chronic disease management. This is a pilot scheme but is progressing well and hopefully will develop so in the future a bid may be made to provide this service.</p>	
<p>4.</p>	<p>Matters Arising:</p> <ul style="list-style-type: none"> • Flu Campaign: The new system is proving to be successful, the idea was to have a blended approach offering the vaccination during pre-booked appointments with GP’s and nurses, bookable flu appointments and a final Saturday walk in clinic to capture any patients who have not yet been vaccinated. In 2015 the final figure of influenza vaccines given was 2400, using the new approach in the first 4 weeks 2100 patients have been vaccinated. CT added he has received 2 formal complaints regarding the changes in delivery; this is a small number considering the eligible population is around 3400. • Brochure: The brochure has been well received and has been regularly replenished in the waiting room. LR to send an electronic version to CA 	<p>Actioned by LR 03/11</p>
<p>5.</p>	<p>Current Issues within the practice</p> <ul style="list-style-type: none"> • Integrated GP Post: This scheme focuses on employing newly qualified GP’s in an integrated post half hospital based and half in surgeries, making positions more interesting whilst helping to develop GPwsi’s (GP with special interests) The Grove has secured a GP (Charlotte Ritchie) from this scheme who will start on 01/12/2016. Charlotte will hold 4 sessions (Wednesdays and Fridays) at the surgery, along with 4 sessions for the trust in care of the elderly and 1 session in education. • ENT GPwsi(Dr. Viswanath)– has been extended for a further year and will offer the service city wide. 30 % of referrals are for ear wax removal; this procedure has a high level of litigation attached and is not always offered by all 	

	<p>practices. The practice has arranged further training for Marie one of the practice nurses on an ear wax suction course; so the service can now take referrals and Marie will see these patients which will free up more of Dr Viswanathan appointments to deal with other problems.</p> <ul style="list-style-type: none"> • Surgery Issues – The practice was recently measured on online patient use, at which time we excelled in most areas. The only area of low use was electronic prescribing (EPS), we need to encourage patients to use EPS and nominate a specific chemist to send scripts to. The practice will be increasing their publicity campaign to encourage EPS use. The practice has two new receptionist Julie and Natalie both working 16 hours per week. Both ladies have settled in well. 	
6.	<p>Patient Voice Issues</p> <ul style="list-style-type: none"> • Recruiting to the Group: JS added that – “Judith Burdus has advised that she wishes to step down. Judith has been a very active and positive member of the group; she has regularly promoted the group in the practice and is always well received. All of Judith’s hard work has been greatly appreciated”. CT added he had a brief meeting with Judith and hopes that she may reconsider her decision and continue as a member of the group. • Terms of Reference –John Smith would like to stand down from the Chair at the next AGM in April next year and in checking the Terms of Reference believes that there may be a need to amend them in the light of current circumstances. All agreed the terms of reference are outdated and need reviewing. JS will review make the recommended changes (term of membership, name etc.) and circulate to the group, JC added she is happy to assist in reviewing and amending the terms of reference. 	JS/JC
7.	<p>ACORN</p> <ul style="list-style-type: none"> • JS advised he would like to stand down from attending the ACORN meetings as he has attended for the past 4 years. JS opened attendance up to members. The next meeting is to be held at the Molineux centre (Thornfield practice) on 24th November at 5:30 pm. It was suggested attendance could be on a rota basis Judy C said she was happy to attend on a rota basis unable to attend on 24th but JS will confirm future dates of the meeting and forward onto the group. 	JS forwarded email on 7/11. CA sent on to members on 08/11
8.	<p>Social Prescribing</p> <ul style="list-style-type: none"> • A new initiative is taking place throughout the country called Social Prescribing. <p>In brief a professional Social Practitioner is allocated to the</p>	

	<p>practice and with the help of volunteer Healthcare Champions aim to identify and reach those patients who need help/care on the fringes of traditional medical help.</p> <p>An initiative is being prepared for Newcastle and this item is to discuss whether there may be a role for members of Patient's Voice. A case paper from a Gateshead GP Practice was reviewed. This initiative was discussed in some depth, there was concern regarding the level of training the healthcare champions would needs to cover all levels. CT added this is in early days of development and will feed back all updates he receives. LR added she was previously involved with a similar scheme during her work at Sheffield university called 'Juice' and will forward contact details for review the service was developed by HR in Sheffield , it is a platform based facility with the aim to improve individual wellbeing. JC and LR are both interested in this development and happy to offer support in its developing process</p> <p>http://www.juicelimited.co.uk/</p>	<p>All</p> <p>LR forwarded to CT 03/11</p>
	<p>A.O.B</p> <p>Suggested Talks for Future meetings</p> <p>Minor Surgery - Dr Foo/Dr Nielsen GPwsi – ENT speciality - Dr J Viswanath</p>	
	<p>There being no further business the meeting closed at 16:11 Then next meeting is to be held on 2nd February 2017 – time and venue to be confirmed</p>	