

Harold Street Medical Centre Patient Participation Group

Date: Thursday 9th May 2024

Time: 1pm-2pm

Surgery waiting room.

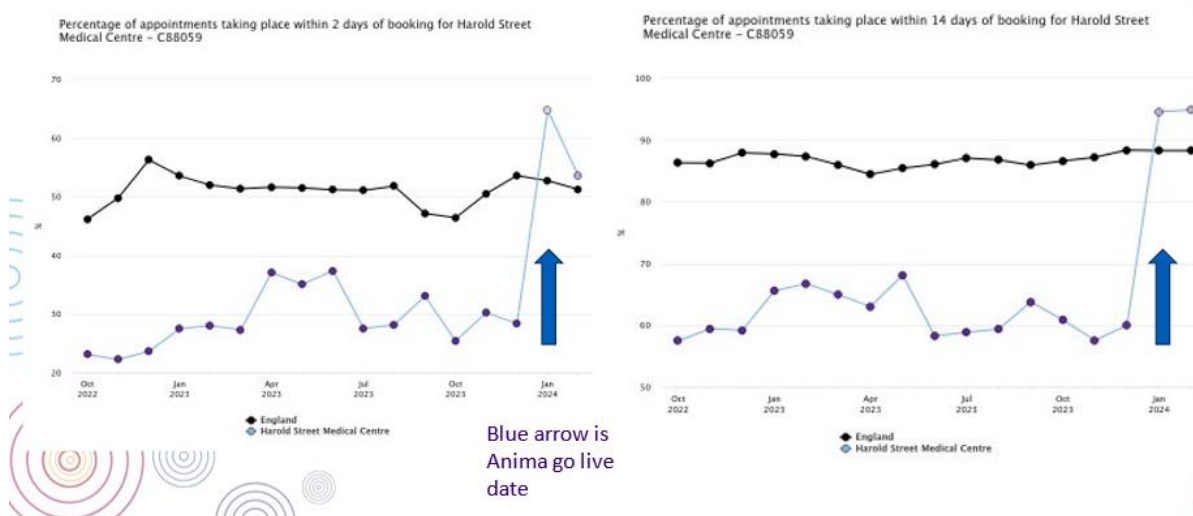
Item	Specific Issue	Lead
1.	Welcome and Apologies Apologies from PG, and JO Attendees PB-Patient (new to PPG) SG- Patient NA- Staff JH-Staff LH-Staff	
2.	Actions from previous meeting ACTION- PPG to comment on patient charter via email and for decision on whether it is to be adopted to be completed via email chain- <i>Completed</i> ACTION LH to reduce the number of Anima forms available to patients. <i>Post meeting note- this has been actioned and will be trialled with feedback from clinicians and patients.</i> ACTION -LH to publish FAQ- <i>Post action note completed</i> ACTION- LH to change Anima to include details of evening appointments as the patient sign on - <i>Post action note- completed</i>	
3.	Phone and Anima update LH updated on the new phone system which has been implemented. She explained the ability for patients to press '1' hang up and be called back if in a queue. LH also explained although we don't tend to have long queues at Harold St. Those who want a call back also can receive a text which allows them to track on a weblink where they are in the queue whilst waiting for the call back. If they do for any reason miss the callback, they will receive a text which allows them to call back that day and go straight back to the front of the queue. Patients thought this was really useful functionality. Both patients had noticed a difference. The conversation drifted to the reception area and patients speaking to reception confidentially in another room. This happens quite a bit but we discussed adding prominent signage to this effect ACTION- NA to add a sign advising patient to ask to speak to reception in confidence LH also discussed the impact of Anima on wait times using the image below. It is national data	NA

showing that the percentage of people waiting less than 2 days for an appointment has gone from around 30% to 50% at Harold St and is now above the national average.

The second image (to the right) shows the same data but for those waiting less than 14 days for an appointment. Before Anima only around 60% of patients received appointments within 14 days, it's now nearer 95%. We are therefore very happy with the difference Anima has made to wait times and so were patients.

SG commented that she preferred to call than go online, and LH confirmed phones will always be available.

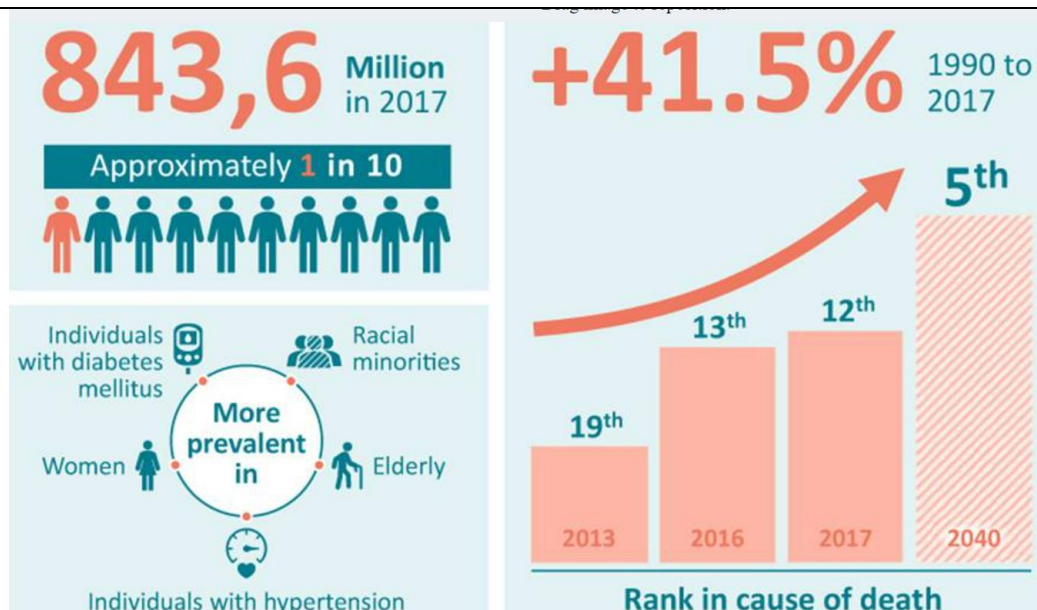
How quick patients get appointments (our Anima sites). Harold Street



4 CKD work

LH wanted to highlight some of the work undertaken since the practice has been taken over. There were some issues with some long term condition reviews, and as part of the assessment it was identified that the number of patients with CKD (Chronic Kidney Disease) seemed low.

CKD (Chronic Kidney Disease) is defined as a reduction in kidney function or structural damage (or both) present for more than 3 months, with associated health implications. As the image below shows it is a rising cause of deaths, and can sometimes be underdiagnosed. If diagnosed treatment can be started to help reduce the risks.



Specific work had been undertaken to ensure diagnosis hadn't been missed. This has resulted in 57% more patients being diagnosed (full details below). In the same timeframe the number patients with CKD who have not had a BP in the past 13 months has reduced from 34% to 7%.

The patients thought this was really good news. They raised the new BP machine in reception and how one of them had used it. JH also raised the BP machines that have been purchased to allow patients to take them home and undertake BP readings over a week.

The practice team had this week had a learning event with one of the PCNs Diabetes specialists. All this support helps bring expertise and skills to smaller practices.

	June 2023		April 2024	
Register of patients with stage 3 CKD	26	1%	41	1.5%
CKD and no BP in last 13 months	9	34%	3	7%

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Update on practice ownership

At the last PPG we confirmed Dr Day (female) had been recruited. LH confirmed she starts on Monday, and will work every Monday. One of the patients was very happy to see a regular female GP in post. LH also confirmed that Dr Sheraz who had taken a personal break had now agreed to return and work in a permanent post, Tuesday, Wednesday and Friday starting next week. Both patients were happy to hear this.

LH also gave another update on plans at end of 18-month contract. The ICB is planning to come and talk to patients and nothing is off the table at this point. The outcome could be

- Continuation of the practice under different stewardship
- Continuation with PCS
- The practice being closed

SG asked if the practice closed if patients could opt to move to small practices run by PCS. SG talked about the benefits of being with a smaller practice.

	The patients shared a few stories about the practice. One said we were doing a grand job and they had been registered 53 years and long may it continue. Another told a few personal tales including about how an interaction with the practice admin team led to cancer being diagnosed, and another issue about Autism support and help with social engagement. ACTION-LH to write up cancer diagnosis as a SEA to share learning with other sites SG discussed about a family members diagnosis with asbestosis and her involvement as a carer in developing videos on the subject. The videos brought a human touch to what a diagnosis like this means to the patient and their loved ones. LH asked if we could share them on the website and this was graciously agreed. SG also praised the local hospital for their support. The family are involved in research with the University on this topic. ACTION- SG to email LH the links for the video to be added to the website	LH SG
6.	Smear update The PPG is asked to discuss smears at every meeting, as this is an area we have struggled to make improvements on, and we still have 220 overdue cervical smears in the practice. We have contacted and encouraged 186 patients to attend in the past 3 months. However only 19 smears have been completed in same 3 month period and 11 of these were on patients aged 40+. How do we encourage younger women? We discussed the previous actions of providing translating documents, having a campaign onsite and on the website and being more proactive in recall activities. NA said they continue to chase and encourage and will continue to do this. Two new ideas were generated • Undertaking another campaign to link to cervical awareness week in June 2024 • Promoting the fact that due to changes, patients can now have smears as part of coil fits with the sexual health services ACTION- LH to action smear promotion work JH and SG discussed how there is a national trend of declining smear uptake in younger women. <i>Post meeting note-LH explored this and compared data with other Sheffield practices with high levels of multiculturalism, and Harold St data was comparable.</i>	LH
7.	AOB Chance for anyone to raise anything they haven't already added to agenda	All