**MINUTES OF PATIENT GROUP MEETING**

**SATURDAY, 7TH JULY 2018**

**Present: Apologies:**

Ronald Smith Julie Hemmer

Jackie Elder Brian Anderton

Tristan Francis Karen Taylor-Russell

Paula Holman Susan McCauley

Michael Charlton

Eric Micallef

Dr Dowsett

Dr Overs

Hazel Dowden

**1 Minutes of last meeting**

Matters Arising – Agreed as read

**2 BOS4 – 3 areas of good practice/poster**

KO gave an overview of the BOS4 scheme that the practice is involved in. This is to highlight good practice and improve services. The practice attended an education event recently where we had to show in a poster 3 areas of good practice. The 3 areas we worked on were UTI diagnosis management, Improving cancer outcomes and admission rates and asthma reviews in practice.

The scheme will continue into next year and one area we intend to review is endoscopy referrals as our referral rate is quite high. EM asked about clinical guidelines. KO explained new guidelines are coming out every day.

**3 Cancer Screening**

One of our struggles in the practice is getting patients to attend for cervical screening, breast mammograms and bowel screening. The group was asked if anybody could think of any innovative ways to encourage patients to attend. Discussion took place around fear factor, inconvenience etc. TF suggested using tactics to get people to do things like flagging the system and when patients ring to make an appointment discuss screening with them first before making an appointment.

KO mentioned the practice will be opportunistically trying to catch patients when they attend the surgery and we will be handing out appropriately coloured envelopes with leaflets and information inside. The nurses will challenge patients when they come in for pill reviews and chronic disease reviews. Sexual health no longer does smears which may be a reason why some patients are not attending. The extended access (STEPS) offer smears early morning, late evening and weekends.

JE mentioned that patients also need to take responsibility for their health and screening.

**4 CCG Update**

MC gave an update from the June CCG group meeting:

* End of life sub-group for palliative care – there will be feedback from patients as to how things are working
* Winter Planning – The South Tyneside Norovirus was due to someone bringing shellfish into the hospital
* Urgent Care Hub – This is not a walk in centre, some patients are being sent by their GP
* Acute Urgent Care Team – Getting the right place for care. Patients forget about the urgent care team and if in any doubt they ring 111. KO questioned if 111 refer to the acute care team? PH mentioned she rang 111 and was referred to Bunny Hill, no mention of the acute care team. MC will ask the question at the next meeting to clarify. It was noted that once the acute care team get to capacity they won’t accept any more referrals.
* MC mentioned that he has seen on TV that a hospital in Leeds established a 20 bed hospital to move patients out of hospital to stop bed blocking. PH mentioned that we have a similar discharge place in the hospital ground which is Haven Court rehab service. Patients are transferred from hospital into this unit.

**5 AOB**

* KO mentioned we have our new nurse now in practice, Kathleen Bancroft who has come from secondary care. No experience practice nurses applied for the post. We also have a temporary experienced practice nurse, Jacqueline Foster helping us out over the next few months until Kathleen is more experienced.
* MC asked about AAA screening (Aortic Aneurism). KO explained the procedure. There is no automatic recall for screening for this, the GP would need to refer a patient.

**6 Date of next meeting**

22/9/2018