

Patient Participation Group

Notes from the Meeting Held 26th June 2018

Present: IJ, DH, MI, MB, PE, NP, SG

Mr Simon Guy (Business Manager)

1. The notes from the previous meeting were agreed.
2. Matters arising:

We have made around 40 referrals to the National Diabetes Prevention Programme as a Trailblazer Practice. The plan was for a small number of Trailblazer sites to start referrals in April with a view to a wider rollout from around June. At the present time we're awaiting confirmation as to whether the service have secured a local venue and whether they are inviting patients to attend sessions. It's early days and Ingeus who are commissioned to provide the service have done so successfully in other parts of the country for some time.

3. Away Day feedback

The Practice held a successful Away Day on the afternoon of Fri May 11th at Hexham Abbey. 3 representatives from the patient group attended along with our Health Trainer and two representatives from Ingeus to talk about their work. Prior to the day the Practice had reviewed 25 years of data relating to ill health and mortality and the presentations in the first session focussed on those areas. The significant challenges facing our population are hypertension, obesity and diabetes.

The second session of the afternoon concerned Quality Improvement where we agreed that a new working group would be formed to agree a Quality Improvement Plan and drive forward initiatives that would benefit patients. As part of that we will be undertaking service reviews starting with Hypertension and Diabetes. The new group will meet monthly on an ongoing basis and will draw members from across the team. The PPG will be involved too. One aspect of the new service reviews is to gain patient feedback and the PPG reviewed a draft Hypertension patient questionnaire. The aim is to ascertain not just from statistics whether we're achieving our aims but also gain a deeper understanding of how patients perceive the service and changes they may want to make. We are for example considering promotion of more self-monitoring of blood pressure at home and potentially exploring how we can get those results into the patient records.

The final session of the afternoon focussed on workload pressures in the team and ideas were generated for ways in which we could ease some of those pressures.

After presentations during the sessions the team worked in small groups of mixed disciplines to discuss ideas, comments and concerns. This was captured in a structured document. A document was produced following the event to capture the essence of the day and record the content of the small group work.

Feedback from the patients who attended was that it was interesting and good to be involved, though the acoustics of the room would have made use of a microphone a good option.

Not all members of the team were able to attend the event, primarily because the Practice had to remain open and adequately staffed. For those people who had not attended a run through of the slides and discussions was used to ensure they did not miss out completely on the event.

4. Waiting Room Body Mass Index machine

One of the desired outcomes was to make it easier for patients to understand their own weight in the context of a healthy weight. As a consequence the Practice has now purchased a fully automated digital height/weight/Body Mass Index device for the waiting room. This was installed this week following a few days of testing with staff to ensure they were familiar with its operation. The machine is intended to help patients easily and accurately weigh themselves, measure their height ultrasonically and produce a printout of these values along with their calculated Body Mass Index. This takes height and weight and combines them to produce a single value that gives an indication of healthy weight. A BMI in the range 18.5 to 25 is considered “normal” and over 30 is classed as obese.

The perception is that many patients do not realise how much excess weight they may be carrying and in fact we know that 60% of our patients are overweight or obese. While we can't solve the obesity problem on our own, this machine does provide our patients with an accurate, accessible and free method of finding out for themselves if they are over (or under) weight.

We are also keen to make the monitoring of weight more routine, in just the same way that we take blood pressures. In addition for some appointments (eg a contraceptive pill check or NHS Health Check) we require a blood pressure and a weight/BMI so this machine may also make those consultations more efficient.

It is important that we take account of patients who do not want to use the machine, or for whom it is inappropriate (eg patients with an eating disorder). We have taken some informal advice around these issues and hope that our approach to promotion of the machine is well balanced.

The machine itself is a high quality medical certified device so it can only display value in metric units. The Practice has therefore produced an A5 handout that provides height/weight unit conversions along with details of how the Practice can assist patients who wish to make lifestyle changes to reduce their weight.

5. SMS messaging

For around 15 years the Practice been sending SMS text appointment reminders to mobile phones and this is well received by patients. Unfortunately the NHS never implemented two-way text messaging, so while we can send text messages we can't receive them. This is possible using paid-for text services and the Practice recently conducted a week-long experiment to determine the feasibility of enabling appointment cancelling by text. While this worked well the cost of sending the texts was high at around 10p each. Because we send hundreds of texts per week this was not good value for money. However we have found another provider that we could use who would charge much less but we need some changes to our appointment software to be able to use this other provider.

Another use for incoming text reminders could be to receive Blood Pressure readings by text message from patients. In theory we could text someone when we wanted a reading and then receive a reply back to file in their record. Results out of their target range could be flagged to a Practice Nurse for review.

6. Quality Improvement Work

As agreed at the Away Day the Practice has now formed a QI group who met for the first time last week. The intention is to meet monthly and the first task is to agree the draft QI plan. We have already undertaken a service review for Hypertension, looking at new diagnoses made during 2017 and reviewing patients who had not already achieved adequate blood pressure control. We have also purchased new blood pressure machines for our Practice Nursing team which are fitted with a new style of "comfort cuff" and provide a more acceptable experience for patients.

The next service review will be Diabetes. We are also pleased that our work on obesity (eg the BMI machine) coincides with our Health Trainer offering a regular Friday clinic from July. Anecdotally the new BMI machine has already led to at least one referral to the Health Trainer

service which can now be booked at reception on our appointment system without a formal referral to the service.

7. Patient Newsletter

The next newsletter is now due, ideas are welcomed which include: The BMI machine, Sun health and holiday vaccinations. It was noted that there are still ongoing restrictions to the supply of some holiday vaccinations.

8. Any other business

We discussed the possibility of setting up a Practice Facebook account, as this had come up at the Away Day. The feeling was that younger people no longer use Facebook, though use among older patients was still strong. If the Practice does create a Facebook profile then posts would be used to advertise for example the availability of flu vaccinations. We would not envisage enabling public posts on the page.

We briefly discussed the use of syringe drivers in light of recent findings concerning the historic events in Gosport.

Next meeting September 2018