



## **Patient group meeting Tuesday 26<sup>th</sup> March**

Many thanks to everyone who came to the Patient Group meeting.

### **Meeting Summary**

#### **Who was at the meeting:**

7 members of the patient group, 2 members of staff (Practice Manager and Engagement Lead), and 2 members of the research team.

Camilla Hawkes the Practice Manager chaired the meeting.

#### **Welcome and introductions:**

Everyone introduced themselves and Camilla welcomed everyone to the meeting.

#### **Summary from last meeting:**

The research team briefly showed the group a short version of the survey results with a new graph. Everyone thought that this was a better way of presenting the results.

The main result is that the feature patients at St Martins Practice most value is the doctors and nurses listening to them.

At the last meeting the group came up with a number of possible actions based on the results. These fitted into three areas of work:

1. Improving communication with the patient population
2. Ethnicity and patient experience
3. Maximising patients feeling listened to

#### **Patient survey – next steps:**

The group started by discussing improving communication with the patient population. The group agreed that they would like to:

- Restart a regular practice newsletter  
The Newsletter would be seasonal – 4 times per year and short (it could be used to signpost to more detailed information online).  
The Newsletter will include the following content:
  - Information on services already provided at SMP – physiotherapist, DWP worker, pharmacists, Advanced Nurse Practitioners, Wellbeing staff, Healthy Minds.
  - Information about the different clinicians – encouraging a team approach and help patients get to know the whole team. The group could interview with different clinicians.
  - Contributions from other local community organisations (St Martin's Church, the Sikh centre, the residence association – as examples) – interviews done by the group.

- Contributions from members of the patient group – why you got involved and what you get out of it. Interviews with the garden volunteers.
- Summary of other local involvement opportunities and consultations that patients could contribute to.
- Get photographs of the different clinicians online and on a notice board in the 2<sup>nd</sup> floor waiting area. The online photos would also include some blurb about the individual. The aim is to encourage patients to get to know/try out different clinicians – “This is the Team”. The online content would also include information about when people work and why they are part-time. It would also stress the fact that the team work together, talk to each other, but still respect confidentiality.
- Update the practice website with all the above information.
- Get TV screens in the waiting rooms. These would play the following material:
  - Public health films that have already been produced by national/local NHS bodies
  - Practice generated ‘in house’ films – ideally produced by children and young people. This would be a way of generating material and involving younger people. The group agreed to approach local schools and universities to see if there is interest. One option would be to run a competition for the best content. It also might appeal to young people needing voluntary activities as part of their Duke of Edinburgh award applications or “Faith in Action” work.

The group then discussed how to maximise patients feeling listened to. The group agreed that they would like to

- Review a previous project that the practice was involved in called “the right conversation”. No one could remember the details, so it was agreed to talk about this at the next meeting.
- For Camilla to talk to the clinicians about using their in house training time for further consultation skills training focusing on active listening skills. The group discussed different consultation skills and how these are taught in medical school. One way is through using simulated patients and doing role play exercises.
- The group discussed that the context in which the consultation happens is important to feeling listened to. How the doctors and nurses welcome patients from the waiting room was emphasised as being important.
- The group discussed that “feeling listened to” could mean a lot of things. Therefore, they could run a listening exercise(s) to find out more about this and collect other feedback from patients.
  - There was a suggestion that listening exercises could follow the Mad, Sad, Glad format:
    - What makes you MAD about SMP?
    - What makes you SAD about SMP?
    - What makes you GLAD about SMP?
  - The group could run monthly listening exercises in the waiting room
  - The group could go on tour to other local organisations and talk to patients and the public there. Suggested venues included:
    - St Martins Church
    - Having a stall at the Carnival. This could also be an opportunity to offer to check peoples blood pressure
  - Have an annual assembly. This would be led by the group, but the practice partners would be present and it might include a question and answer session with the

partners. The practice previously had an annual Fair and there was a discussion that the group could do something similar with stalls promoting different local services and involvement opportunities; the patient group collecting patient feedback; and a question and answer session with the partners.

- SMP could rebrand as “the listening practice”. The group discussed how it is important to develop a culture of listening in the whole practice and not just the clinicians. Also listening might mean during each consultation, but also listening to patients feedback.
- There may be some answers as to what “feeling listened to” means in the free text responses from the survey. The group agreed to review these at the next meeting.
- The group then discussed two issues that might affect how patients perceive feeling listened to: how many problems they can discuss in appointments; and seeing the same doctor. The group discussed ways of addressing patients having multiple problems by:
  - Encouraging patients to book double appointments for more than one problem
  - The Right Conversation – trying to get patients to prioritise their problems

The group acknowledge some patients may struggle with these suggestions.

The group also discussed seeing the same doctor. Camilla explained that this is a difficult issue as many of the staff work part time, and many of the patients will not try other clinicians. Linking back to the first discussion above, the group suggested that the practice could emphasise that it has a team approach and encourage patients to try out different clinicians. To help with this they could provide more information about all the different clinicians on line and in the waiting room (notice boards and TV).

### **How the patient group work together with the practice**

One member of the group suggested that the patient group is a link to the wider community and should be reaching out more. The patient group could provide leadership on this. The patient group can network with other local organisations; find out about other involvement opportunities; and collect feedback at different sites.

Patients will be more likely to give honest feedback to other patients rather than risk upsetting staff. The patient group have experience of collecting feedback when they were handing out the survey. The training the research group provided included doing role play together, to practice approaching patients; asking questions; and dealing with replies. The learning was through structured peer feedback: what went well, what could have gone better. The research team will share the training materials with the practice so that they can do further training in the future.

Camilla said that she would like the patient group to be more assertive in holding her and the practice to account on delivering the actions. The group agreed that different patients would lead on different areas of work. The lead patients would have responsibility for chasing Camilla up and making sure actions happen within the designated timeframe.

### **The new building a year on**

The group agreed that the timelines are too short to put on a major event to celebrate the anniversary of the move to the new building.

Camilla agreed to provide bunting, balloons, and to hand out chocolates.

**Next meeting date: Tuesday 16<sup>th</sup> July 5-6.30pm**

	<b>Action content</b>	<b>Person responsible</b>	<b>Date due</b>
1	Produce a 'summer' Newsletter – content as above. This will also result in website content.	D, P , Camilla	End of May
2.	Ask Nick to be interviewed for the Newsletter	Camilla	Early May
3.	Find information/resources from The Right Conversation project	S	16 <sup>th</sup> July
4.	Talk to the practice staff about in house listening skills training	Camilla (help from Robina)	Feedback 16 <sup>th</sup> July
5.	Send the full list of free text comments from the survey	Research Team	By the 16 <sup>th</sup> July
6.	Send 'training through role play' instructions to the practice	Research Team	By the 16 <sup>th</sup> July
7.	Get in touch with the Carnival organisers about a SMP stall	C	Feedback 16 <sup>th</sup> July
8.	Make contact with local schools, universities, youth groups regarding their interest in producing films for SMP TV	C and T	Feedback 16 <sup>th</sup> July
9.	Photographs for the waiting room and online	Olatz to lead S to chase Camilla if no progress by the end of June	Completed by 16 <sup>th</sup> July
10.	Monthly in-house listening exercise	G and KathlKeen	Start once ready Feedback 16 <sup>th</sup> July
11.	"Listening campaign goes on tour" of other local organisations. Might start at the Carnival. Will need to learn from the in-house listening exercise	To be confirmed	Future date ? Carnival To discuss further 16 <sup>th</sup> July
12.	Planning an Assembly/open meeting	To be confirmed	Early Autumn To discuss further 16 <sup>th</sup> July
13.	To discuss Ethnicity and patient experience	Patient group	To discuss further 16 <sup>th</sup> July