

**St Martins Practice
Patient Group
Meeting 21/1/2020
MINUTES**

Welcome & introductions

8 patients present, plus Camilla Hawkes (Practice Manager), Michaela Noble (Patient Support), and Dr Theaker

National Index of Deprivation 2019 – how we are wanting to use it at SMP

Information about the National Index of Deprivation 2019 was circulated.

[The information can be found by clicking here.](#)

The Index is put together by the Ministry of Housing, Communities & Local Government. The Index puts together statistics in 7 key areas : income, employment, education, health, crime, barriers to housing & services, and living environment. Health is one of the areas, the other 6 areas are such that they contribute to ill-health eg living in poor housing, being unable to get a job / living on a very low income. About 80% of the reasons for poor health are caused by such issues such as housing and employment. It is by addressing these causes of ill-health that people's health may improve.

An Index figure is created for each small area; each area is a handful of streets (it is a bigger area than postcode). The Index figure cannot tell us anything about the individual people living in that area. All the Index figures for the country have been listed and ranked to indicate which areas are the most deprived (dark blue on map) and which are the least (palest colour on map). Those areas which fall into the top 10% most deprived nationally are the focus for the possible provision of extra support and services, locally and nationally (although core GP funding is not related to deprivation). Within our practice area we have two such areas.

SMP has put a note on the record of all patients who live in the 10% most deprived areas. As stated above The Index figure cannot tell us anything about the individual people living in that area.

However the fact that these individuals live in the most deprived areas may indicate that they could benefit from additional support. So far, our work has consisted solely of adding the note to records of pt living in the relevant streets. We have also added a text which states "Registered in deprived area - high (91A1.) - Registered in deprived area: This patient's postcode (as at Dec 2019) has been identified (using the government index of deprivation) as being in the 10% most deprived postcode areas nationally. 24% of the post codes within Leeds are in this group. The index of deprivation is not about people. The index of deprivation gives us information about geographical areas (streets). Adding this information to medical notes helps us to identify streets within our practice boundary whose residents may perhaps benefit from extra support to manage their health and wellbeing. If you have seen this information in your online record and would like more information or to talk it through with someone then we would be very happy to do this please contact the practice".

Several patients have seen the note in their records online & called us to enquire further.

Dr Theaker is the practice's lead for Health Inequalities. We have applied for some additional funding which means that he can spend some time each week looking at how we address health inequalities in our area. To-date Dr Theaker's time has been spent skilling up on substance misuse services now that Dr Adams has retired but now he is starting to move on to look at other areas. We have run a whole-practice meeting about Health Inequalities to inform staff about the issues and the impacts of health inequalities. In Chapeltown there are many fantastic 3rd sector organisations who are already working to address health inequalities, the practice has good links with some but not all these organisations and so this could be something to explore. Dr Theaker will be working with other local practices in this area.

We discussed useful ideas such as enabling better access to gym and exercise opportunities, about reaching out to community groups and into communities.

Long term conditions: moving to Birthday month reviews

Around a 1/3rd of SMP's patients have long term conditions (ie diabetes, hypertension, asthma, heart disease, lung disease (COPD)). All these patients are asked to attend for an annual review of their condition (or twice a year for people with diabetes). The practice is reviewing and improving their system for when and how these reviews are managed. Currently if a patient has 2 long term conditions then they may end up getting invited on 2 separate occasions. The plan is that every patient will be asked to come in once a year, in the month of their birthday, and that all their condition will be reviewed together. They may need to see more than one nurse at the annual appointment, but nonetheless it will just be the one visit.

Patients with diabetes are asked to have a blood test a few weeks before their appointment – there will be no change to this.

Currently people are invited by letter (once) and then texts. In future, they will get a text asking them to call in, but a week or so later we will proactively call everyone to get them booked in. We agreed today that everyone ought to get one last letter informing them of the change, and asking them to let us know their preferred method of communication (Accessible Information Standard) / their carers details if they have one. Also we must consider if people are away for several months over their birthday (many people in the community take long trips to eg St Kitts & Nevis in December).

“Listening Practice”: action plan update

- The Listener: SF is willing to do the community section as she is a moderator on the chapeltown Facebook page. Also all agreed it would be good to have someone from the Sikh temple who is involved in their meal provision. Put a paragraph “if you know any local community services that would like to have a film on our TV screen please get in touch”. Also include info about the Leeds Directory.
- “Right Conversation” update: the posters have been up for a month now and the leaflets available. There has been better take up on the ground floor than the 2nd floor so we will look at that.
- Patient listening sessions in waiting rooms: have not had any of these for a while due to the volunteers having personal and family commitments. If anyone else would like to volunteer then it would be most welcomed as we felt we gathered useful and specific feedback in this way.
- Leeds Big Chat: this took place in Leeds recently but we have not yet been told what the outcomes were. Leeds big Chat is a listening exercise in which health services go out into the city centre and listen to what people have to say.
- Appointment wait: it is currently 21 working days for a routine face to face appointment, and 11 working days for a routine phone appointment. Plus we have the same day service for patients who are acutely unwell. This wait is well over our target and we are very conscious of it. It is mentioned every morning at our “huddle”. Patient Support team is doing a great job of offering alternative appointments (eg book direct to a Physiotherapist (muscular-skeletal problems is the biggest workload in any GP practice) and also booking into the evening & weekend appointments at the Rutland Lodge hub) however despite this there is still a long wait – which is the same in every GP practice we are not particularly better or worse in this regard. Jan and Feb are the busiest time of year and so we do always see the longest wait at this time of year – this is not to excuse it just to try and explain. We provide as many appointments as we can with the funding that is available to us. We do not have a particular problem with people failing to attend their appointments. Everyone gets a text reminder, and nowadays they can cancel by text as well which has made a big difference. We get lots of cancellations, sometimes at short notice, but we pretty much always manage to fill them again.

Premises:

- Second floor waiting room : we discussed how we can best make people feel comfortable and welcome on the 2nd floor. There have been several complaints about people feeling “lonely” or “abandoned” there; once or twice there has been a mess-up with the checkin screen so people have been sat there a long while and no-one knows they are there. Agreed to put something about waiting time on to the TV, and about what to do if you are waiting a long time.
The TV is perhaps a bit boring. We came up with ideas for it: Link with local 3rd sector to show their films (eg BHI, Leeds hub), (chair based) exercise videos, parkrun
- Slippery ramp – we have had perhaps 6 patients who have fallen on the entrance ramp – far more than there should be. St Martins is not responsible for the maintenance of the building or the ramp. The building owner is aware. A warning sign has now been put up.

Minutes & updates from last meeting

- Update of website still awaited

Date of next meeting

We are still awaiting info about when our closed afternoons will be in 2020/21 as this is set by the CCG. After that we will set PRG dates for 2020/21 and agreed we will stick with 1/4ly and alternating lunch and evenings as currently.