**Patient Reference Group Meeting**

Date: 12th July 2016

Time: 18:00 – 19:00

Venue: Hunts Cross Avenue Branch

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| Attendees: JC, CM, EG, JT, RE, YMc, MR, AK, VH, JH, SM, ST, JJ, FO’R,CMApologies: JG |

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| Agenda: 1. Minutes of last meeting  2. End of Life Care 3. Winter pressures and online appointments 4. Woolton Life and Healthy Liverpool bike ride |

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| No | Minutes | Action |
| 1. | * **The minutes of the last meeting were viewed**
 | * No issues to discuss from the minutes of the last meeting
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| 2. | * **End of life care**

YMc, who is a retired community palliative care nurse, wanted this item on the agenda to make people aware of the options in place now for End of Life care following the discontinuation of the Liverpool Care Pathway. The Liverpool Care Pathway was discontinued due to a lack of education/communication. There is now an improved care plan in place. The District Nurses have had a lot of education beforehand. The MDT (multidisciplinary team) includes GPs, District Nurses and the Community Palliative Care team. They are very involved with the family to ensure they know what is happening and what options are available. All are keen to make sure the same mistakes are not made as were with the Liverpool Care Pathway. The new care plan is much more flexible. YMc passed around copies of the care plans and information booklets for patients to view. ST discussed STARS which is a service funded by the CCG in partnership with the Carers Trust. This service is for End of Life patients who wish to stay at home. They offer up to 12 weeks of care. AK told the group that she sadly lost her husband 4 months ago and she felt that she had very good support and care from both the community team and the hospital.  | * JC thanked YMc for discussing this item and explained how important it is to make sure patients are kept fully informed during a very distressing time. He went on to say that the LCP was given an unfair poor reputation due to a media campaign when in fact it uses the same principles as the Gold Standards Framework pathway that we currently use. He also explained that palliative care is not just for cancer patients. Lots of diseases including heart disease, neurological diseases, respiratory illnesses and the elderly require palliative care. The end of life plan is usually put in place for the last 3 months of life but there are no hard and fast rules.
* The general feeling of the patients present at the meeting was that these plans are very reassuring.
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| 3. | * **Winter Pressures and Online appointments**

JJ wanted to highlight the issues with booking appointments online. There are appointments to book which are still called “Winter Pressures” despite the fact that we are now in the middle of summer. * Also showing are “Urgent – Book by Doctor”
* Another issue is the timing on the telephone consultations. These are quite misleading as patients think they have a booked time appointment when in fact the GP rings back at any time during the day.
 | * JC explained that WP appointments were originally only supposed to be allocated up to the end of March but due to patient requests and contractual changes they have been kept on. They are purely extra appointments to be booked on the day.

Since the meeting it has been decided to alter the name of the “Winter Pressures” appointments to “Extra Availability” EG.* The “Urgent – Book by Doctor” are not available to be booked online by patients. EG will look into what can be done re the viewing of appointments which are book by Doctor and will feedback.
* We have looked at templates this morning and will alter them to separate them from patient on line appointments viewable by end of August. EG.
* EG explained that there has to be a time slot on the telephone consultation appointments available online due to the software we use but these slots are the same as when you ring up for a telephone consultation when you would be advised that the GP will ring you back at some point during that day. They are not actually booked at the time showing.

CM also explained how the GPs work through these lists. The reason the receptionist asks what the problem is when the patient rings for a telephone consultation is so the GP can triage the list and prioritise the calls. The GP will always try twice to contact the patient when ringing.  |
| 4. | * **Woolton Life and Healthy Liverpool Bike Ride**

David Webster, GP from Woolton House, is doing a charity bike ride around the British Isles. He is covering 500 miles in 5 days to raise funds for Woolton Community Life (the charity to alleviate social isolation and loneliness). EG wanted to make patients aware of this charity and also to let them know they can donate using the sponsor forms which will be put up in the practice.Patients asked whether there is a “Just Giving” website available so they can donate online. RE is a befriender and discussed the issues around loneliness in the area. There are a lot of people in the community who don’t see people from week to week so this is an invaluable charity.  | * EG will make enquires about the Just Giving website and feedback.
* The website for the charity is

[www.wooltoncommunitylife.org.uk](http://www.wooltoncommunitylife.org.uk)Tel: 07490 572344 for more information |
|  | Meeting ended at 19:00 |  |