

University Health Centre

Patient Reference Group

Minutes of the Meeting 18 May 2022

Attendees: Adeline Berry, Millie Avery (Students' Union), Lucy Gardner, Alicia Giglio, Judith Coulter (Administrator), Dr Julia Thomas (Partner), Leanne Hobson (Mental Health Practitioner)

Apologies: Ahlam Sawsaa, Marcus Shufflebottom, Neil Simmonite, George Smith

Attendees were welcomed to the meeting; the first one since 2019, due to the pandemic. Dr Thomas emphasised the importance of the PRG as a way for the Practice to receive direct feedback, and that there should be a dialogue with patients.

Changes since the last PRG Meeting – Dr Julia Thomas

Dr Thomas gave an outline of how the Practice had responded to the pandemic – from March 2020 – to protect both patients and staff. The situation had been constantly changing so had involved close monitoring and adjustments as time went on. Team members had worked both remotely and within the Health Centre, and at all times face to face appointments had taken place when patients had needed to be seen.

One of the main changes; telephone triaging of patient cases by Doctors, had been particularly successful and was still in place as it is helpful and convenient to patients. The e-consult system is not perfect for some conditions, and this was recognised. Feedback from attendees agreed that it was very helpful to be able to send photographs; however e-consult is less successful when the patient problem is less obvious.

Q – How does a patient access e-consult?

A – On the front page of the website, via a blue box low down on the page. The front page of the website has become very long especially when viewed on a phone screen – J Coulter to look at this.

Dr Thomas explained the Practice was keen to retain a blend of ways in which patients can access the service. COVID had obviously placed greater pressure on staff - including the inevitably higher levels of absence - so the Practice requests that patients be kind and respectful when speaking to them.

There have been many staff changes including retirement. The team has been rebuilt and with some new roles. These include:

Leanne Hobson the Mental Health Practitioner

Dr Emily Lancaster – GP

Pharmacists, Social Prescribers, Dieticians Lifestyle Coaches, First Contact Practitioners, GP Registrar (as Dr Thomas is now a GP Teacher). We also have access to the Community Pharmacy network plus

patients can have their Blood Pressure taken by the automated 'Pod' device in a private room off Reception. 'Medlinks' can be sent electronically to patients to conduct certain reviews.

Q. Please could you clarify the Health Centre's connection with Pharmacies as there seem to be wide fluctuations in levels of service?

A. Unfortunately, as they are independent businesses, the Health Centre has no control over the quality of service. Dr Thomas reported that the Network were working to improve communication between GP practices and community pharmacies.

Role of Mental Health Practitioner – Leanne Hobson

Dr Thomas introduced Leanne to the meeting. Leanne joined the Health Centre in June 2021.

Leanne outlined the areas with which she can help patients, includes anxiety and depression. She is able to give 45 minute assessments, or shorter follow ups and reviews. Her role is to assess patient needs and refer/liaise with GPs, Counsellors, IAPS, University Wellbeing, Social Prescribers etc.

Dr Thomas commented that having a Mental Health Practitioner has helped enormously with patients being seen more quickly and able to access the support they need – the demand for which has risen the negative effects on Mental Health of the Pandemic.

Q. Is the pathway for a patient very different now then?

A. It is improved, especially with longer appointments available (GP appts are 10 mins) but the basic principles are the same and GPs still see patients with Mental Health issues.

Receptionists are now acting as 'Care Co-ordinators' as they need to assess basic information in order to direct the patient to the right Clinician or Service

Q. Are patients comfortable with sharing information eg re Mental Health?

A. Yes generally – as very little information is needed for the Care Co-ordinator to make that decision; they do not need to probe.

Feedback – Occasionally, it as been possible to overhear a telephone consultation when waiting in the waiting room, if a clinician has not closed their door. Dr Thomas agreed to follow this up as privacy needed to be maintained at all times. Similarly, the radio in the waiting room needs to be loud enough to muffle conversations at Reception.

Feedback – The approach to Mental Health here is so much better than where the patient lived previously, with access to so many services.

Any Other Business

Feedback – when a first year student makes their first approach to the Health Centre it can be intimidating, it is helpful if Receptions and Clinicians explain some of the basic processes eg re prescriptions, over the counter medicines, that a patient needs to arrange a follow up appointment rather than expect a call etc,. Dr Thomas agreed that it is helpful if Receptionists establish with the caller whether it is their first call to the practice and that staff generally should avoid using abbreviations and jargon.

Another idea would be to have a guidance page on the website, which explains the basic process from first approach to collecting a prescription from a pharmacy – useful for both International and all new Students.

Feedback – Patient Access does not explain that once a child reaches 16 the parent can no longer request repeat prescriptions on their behalf. Please can the practice feed that back to PatientAccess.

J Coulter agreed to pass this back to the Practice Manager to see if it can be passed on.

Freshers' Week and Wellbeing Wednesday – the Health Centre will be engaging with students at both of these opportunities.