

**Minutes of Patient Participation Group Meeting
Held on Thursday 12th May 2016 at 6.30pm
Avenue House Surgery, 109 Saltergate, Chesterfield**

Present: Dr Ian Anderson (Chair), Morton Joynes, Laura Gummer, Amy Corwell, Derek Ashmoor, Ruth Watts, Rita King, Michael Crossley, John Ross

Apologies: Carmen Villegas-Galvez, Bob Mennell, Clive Archer, Bill Richards

Amy Corwell (job share with Julie Boulton, Reception Manager) was introduced to the group.

1. Minutes of the Previous Meeting held on 10th March 2016

The minutes were accepted as a true record.

2. Matter Arising

a) Item 7 Dementia Friendly Practice

Dr Anderson stated that he had visited all practices in the area and was finding it difficult to recruit practices, as no funding was available and currently practices have extensive workloads.

b) Any Other Business

A representative from Specsavers will be attending the September meeting to give a presentation regarding their audiology service.

3. Chesterfield Community PPG Meeting Feedback

Michael reported that he had attended the meeting and that there were various presentations given with the main topic being NHS financing. The government had announced extra funding for the NHS but it would appear to be just a re-distribution of existing funding "with strings attached".

Dr Anderson asked Michael if all practice PPG's attended as he would like to go to a meeting and talk to all representatives regarding dementia, but wondered if it would be acceptable/relevant; could it enhance PPG's profiles? Michael thought a 15 minute presentation would be acceptable to test the reaction from the Chesterfield Community PPG representatives.

4. Integrated Care Group

The final meeting of the Integrated Care Group has taken place with Clive Archer giving the following report in his role of Chair of the Integrated Care Group:-

Integrated Care Project Group

3 May 2016 Review

Chair's Final Report

What did we aim to do?

The Group has been responsible since 2013 for designing and implementing an integrated health and social care system to support the frail and elderly population with the emphasis on Chesterfield. (From the Terms of reference)

What has been done?

- Community Support Teams (CST) have been set up around Chesterfield GP practices during 2015: these comprise of medical and social work professionals. Proactive case management of originally the minimum of 2% of practice populations
- Care Coordinators (CCs) have been established in GP practices to co-ordinate CST's multi-disciplinary activity
- Voluntary Single Point of Access (VSPA) established (provided by NDVA) in June 2014 as a means to access health & social care voluntary sector organizations
- An Integrated Care Service (ICS) team established from medical and social work professionals and voluntary sector to respond reactively to acute care episodes. ICS team collocated at Walton Hospital from June 2015 and a Chesterfield East Base to be created in the Staveley Centre from July 2016.
- Regular meetings have been held of the Project Group involving medical and social work professionals, and representatives of the voluntary sector, the public and patients, leading to increased trust between professionals working together.
- Cultural shift of joined-up care in the community.
- Delirium and dementia issues brought to the fore in Project Group. Dementia friends training in 9 out of 10 local practices.
- Progress made in D2AM process between ICS and CRH Acute Frailty Unit (AFU)
- Improved outcomes: indicators (and experience) show that professionals are working better together; that unnecessary admissions to hospital have been reduced.

What remains to be done?

- An ICS team to be established in Chesterfield East Community (July 2016)
- Continue to bring into integrated care other providers such as mental health professionals and the hospice on a North Derbyshire basis.
- CRH units beyond AFU to be more integrated in integrated care process
- Higher acuity percentage to be supported by ICS
- GPs to be fully integrated into ICS system

- Continue the Chesterfield push to use voluntary sector
- Resource gaps to be plugged
- Project group to fit in with CCG system changes

What to look out for in the coming year

- Integrated Care being a meaningful part of the community-based Chesterfield strategy and Community Hub with significant responsibility for Integrated Care being one of the priorities
- The ‘bedding down’ of the Chesterfield East Base and the continued proper functioning of the Walton site
- The continued involvement of GPs and the increased involvement of CRH units in Integrated Care in Chesterfield
- The involvement of the Public, Patient and Volunteer elements in the advancement of Integrated Care
- Continued improved outcomes as a result of Integrated Care

Clive and Dr Anderson had attended the Integrated Care meetings and Dr Anderson felt it was the best committee he had been a member of. The Group has had a lot of success and had been set up by individuals with the CCG becoming involved to make it a success. The CCG now have responsibility for the organisation of Integrated Care.

Derek asked if the integrated care system had made any differences to “bed blocking”. Dr Anderson had talked to Walton hospital and they suggested there was a positive benefit, however more publicity is required and Chesterfield Royal Hospital needs to be more involved.

Another positive benefit was that investigations had shown 80/90% of individuals now pass away in their preferred place.

5. CQC Visit

The visit was conducted by four inspectors. The results of the visit will not be available for a few weeks, however, feedback from the inspection team was briefly as follows:

- a) The practice was considered to be extremely caring
- b) The practice was effective
- c) The practice responded well to change
- d) There were parking restrictions at the surgery but this was a common problem with lots of practices
- e) There was no lock on the cleaning cupboard – **now fitted**
- f) The practice was very responsive to changes but did not record the actions required/date completed
- g) The CQC Inspectors said flu jabs should/could be completed by a health care assistant, however Jeanette noted that the advice from the Medical Defence organisation and local Medical Committee was that health care assistants should only administer vaccinations for flu under Patient Specific Directive (individual patients must first be checked and authorised by a GP or prescriber). This is why the practice had not used

health care assistants for flu vaccinations in the last few years and had instead used qualified nurses and/or GPs.

- h) The PPG was effective and highly functioning, i.e. helping on flu jab days, completing surveys via Friends and Family tests and PPG days. They also noted that the practice had been very positive towards the PPG.

Laura explained some of the advantages to being assessed as good/outstanding as good for patients, staff moral and staff retention etc.

During the inspection Clive had noted that the PPG board was not up to date and contact details for the PPGF were not available. It was noted that the contact details are on the surgery's website but it would be more convenient if they were displayed on the board.

Dr Anderson suggested a position on the board for dementia information, i.e. Dementia Friends etc.

6. Practice Updates/Patients Praises and Grumbles

Avenue House Grumbles:-

- a) A patient commented "I find the practice has gone downhill since it went with Hasland surgery. It's more difficult to book appointments to see a doctor that has been treating you and knows your needs. Also blood tests are more difficult to get and when you have to have them on a regular basis this is quite frustrating. You speak to one doctor who is not your regular and are told ask doc whoever. I am happy with the doctor I am registered with but find it difficult booking".

The PPG felt in their experiences the joining of practices had shown no difference. Laura reported that one GP had had to take short notice leave and there had been disruption for 2 or 3 sessions due to sickness at Hasland surgery. Laura also suggested where possible online booking could be used as a full range of appointment times are available. With regard to blood tests again there had been a short term problem.

Avenue House Praises:-

- a) A patient commented "I think you're all fab and do your best considering who you deal with".

Clive had sent a request to clarify problems regarding various items not being available via e-prescriptions. Laura explained that certain items, i.e. controlled drugs, injections, gluten free etc., were only available via a paper prescription and not via electronic prescriptions and suggested those patients affected should have all items on paper prescriptions.

Rita reported duplication, replacement and no longer required drugs were not being removed from prescriptions despite a note being attached to the submitted copy. This could result in patients taking the wrong drug, duplication and the pharmacy over supplying. Amy and Laura agreed to look into the problem.

New Doctors – Dr Abiola Salako and Dr Linda Onu will replace Dr Backhouse and Dr Wilson.

7. Dementia Friendly Practice

Laura had carried out an audit as patients maybe missing appointments due to dementia (relevant patients are coded as having dementia). She also investigated the coding regarding dementia and found the percentage in the practice did not represent local/national levels, i.e. 1 in 14 of over 65 year old patients have dementia, Avenue House statistics were lower.

The "Did Not Attend" appointment letter will be changed for dementia patients.

Michael stated that he had attended "Dementia Friendly" training at St Thomas's church, Brampton with approximately 14 others.

Laura suggested targeting care workers, carers etc for dementia training.

Dr Anderson informed the Group that Dementia Alliance can supply an audit template to help surgeries with the object of accreditation, however this can take up to 2 years to achieve.

The Alzheimer's Society do have information online to download, i.e. posters, care plans, advice with floor coverings, lighting etc. The PPG could help by walking around the surgery with carers to look at notices, signage etc. Dr Anderson stated that he would be willing to help the practice. Some practices in Chesterfield are active and keen to progress regarding dementia. Avenue House have 2 individuals who would like to become Dementia Champions eventually. Dr Anderson also suggested most individuals think a GP practice is the best place to go to for help.

8. P.P.G. Week – 6-11th June 2016

N.A.P.P. are organising/publishing a PPG week for 6th to 11th June 2016. The Group thought there was not enough time to organise a PPG thoroughly, plus the Group has had various PPG days throughout the year. However a future PPG Day will be discussed at the next meeting with a dementia message included. Michael reported that the NAPP PPG week also coincided with National Carers Week.

9. Any other Business

Ruth asked if there was any help at the surgery for patients with M.E. (Chronic fatigue syndrome), Laura suggested that patients with M.E. discussing their problems with their GP could be assisted finding therapy/treatment. Michael and Dr Anderson said a Sheffield Group is available.

Date of next meeting is Thursday 14th July 2016 at 6.30pm.

