

**Minutes of Patient Participation Group Meeting
Held on Thursday 11th September 2014 at 18:30,
Avenue House Surgery, 109 Saltergate, Chesterfield**

Present: Clive Archer, (Chair) Michael Crossley, Rita King, Alan Kirk, Laura Gummer, Kim Blagden, Derek Ashmore, Morton Joynes, Carmen Villegas-Galvez, John Ross, Pam Purdue

Apologies: Bill Richards, Alexis Diouf, Dr D I Anderson, Ruth Watts

The Chair welcomed Pam Purdue to the Group Meeting.

Minutes of Previous Meeting

The accuracy of the previous minutes was confirmed.

1. Matters Arising

Judith Brown, Derbyshire Health United would now be invited to the January 2015 meeting.

A letter has been sent to Joanne Rhodes at the CCG regarding suggestions for the Locality Action Plan and to date no reply has been received.

Representatives from Chesterfield and North Derbyshire Tinnitus Support Group have been invited to the November 2014 meeting and have confirmed their attendance.

Laura reported that the listing of the most vulnerable patients is on schedule for completion by the end of September 2014.

The newly appointed Community Matron is leaving the post to move elsewhere and a replacement is being sought.

Alan updated the Group regarding the Diabetes Road Show which took place on 23rd and 24th July with 184 assessments taking place, this resulted in 62% referrals on the first day and 71% referrals on the second day.

2. North Derbyshire CCG

Pam Purdue, Head of Patient Experience N.D.C.C.G. gave a presentation to the Group.

The main issues were as follows; current problems, actions required, the future and doing nothing is not an option.

The CCG has to manage an increasing population with long term chronic illnesses together with budget restrictions. There are currently problems recruiting GPs causing the CCG to look at alternative health care professionals to reduce the demand on GPs. However, there is also a problem recruiting nurses, therefore there is a need to transform the way health services are delivered. In addition old hospital buildings are extremely costly to maintain.

In 2012 the CCG held a series of public meetings around the county to explain the challenges and listened to the feedback which resulted in the following 6 guiding principles:

- a) All services will be person centred
- b) Care will be provided flexibly
- c) Assumptions will be challenged

- d) People will be treated with dignity and respect
- e) CCG plan to deliver services in partnership
- f) Healthy lifestyles will be promoted

In addition the public meeting feedback told the CCG that:

- i) I want to be able to get an appointment to see my GP when I need to see one
- ii) I want to be treated as close to my home as possible, or in my own home
- iii) I don't want to go into hospital unless it is absolutely necessary
- iv) I want to come out of hospital as soon as I am fit enough

Due to developments in technology, reduction in sizes of medical equipment, developments in research to improve patient care, there are now opportunities to fulfil items (i) to (iv) above. To this end Integrated Care is working and already has reduced the number of hospital beds required for such cases and a review of future bed requirements is ongoing.

The CCG are also looking into other opportunities i.e. providing beds at Ashgate Hospice, improving patient discharge planning, a specialist falls ambulance, linking GPs to care homes, prompt access in A&E to Mental Health specialists, redirecting patients at A&E to a GP, "just in case" medical boxes in patient's homes and reducing waste on repeat prescriptions. There will be further public consultation meetings in 2015.

Derek asked that if the number of patients requiring hospitalisation is reduced then would A&E may be able to respond to patients quicker. The possibility of having a GP in A&E for an out of hours service was suggested and will be investigated.

Clive welcomed the extra beds at Ashgate Hospice as he knew of a person who had required a bed at the hospice but unfortunately a bed was not available. He was pleased to see how the services associated with Integrated Care are coming together, i.e. Clinicians and social care. Unfortunately no-one from the hospitals were available to participate, and therefore the system will not be fully integrated until the hospitals are involved.

Rita reported she had attended a meeting regarding emergencies where an A&E consultant wanted to see all disciplines covered by consultants; Pam replied there are actions happening to enable individuals to see consultants regarding their condition.

Clive asked how patient's views would be measured in the future; Pam said that Friends and Family Tests would be applied. These tests were to be introduced to primary care from 1st Dec 2014 and in future PPG's would be asked to review the results, as feedback is vital as problems cannot be resolved unless they are highlighted.

The group working towards the formulation of the public consultation meetings to be held next year are trying to cover all aspects and would like PPG's to review the proposals.

Clive thanked Pam for the presentation and the commitment of the CCG.

3. Chesterfield Locality PPG Meeting Feedback

Clive gave the following report:

Amanda Birkmanis distributed a number of documents to the meeting: i.e. PPG Menu; Analysis of National GP Patient survey by NHS North Derbyshire CCG GP Practice; General Medical Services Contract 2014/15: Guidance and Audit requirements, Patient Experience Extract; NHS Friends and Family Test Update; NHS Complaints Advocacy, POWHER; Performance and Quality Report summary 2014/15 issue 1; note on funding. (All documents will soon to be available on-line).

During discussions it was suggested there were activities from other PPG's that our PPG may want to consider:

It was also suggested to ask the surgery to survey 3 items in a year with a GP to lead on particular issues, ask the practice how PPG's work is referred to in practice, annual newsletter, issues like how to get best out of appointments, efficient use of medication, DNA's, updates on staff, fundraising, 'waist-line' project run by phlebotomist on how to reduce your waist-line programme with PPG help, 'mystery shopper' by PPG member i.e. sit in the waiting room to see how things are done and overhear comments.

PPG Menu: things that a PPG could do

Friends and Family Test Update: From 1 December FFT must be undertaken by practices. Some discussion on how this might be done (on touch-screen?) and its validity and usefulness. Move away from annual survey of patients.

Directed Enhanced Service: see General Medical Services Contract 2014/15: Guidance and Audit requirements, Patient Experience Extract P.56

Advocacy services: a charity now provides assistance with complaints (POWhER).

CCG Update: 10-18 September – Perfect Week @ Chesterfield Royal; CCG Performance & Quality report is available – see Summary; patient input to Commissioning input

Gary Appleby, lay member of CCG wanted issues previously requested to be raised and any further issues we feel should be raised to be forwarded to himself.

Copies of the documents referred to are not currently available for distribution to the Group, however when they are they will be scanned / distributed accordingly.

Michael raised the question of "substitutes" for the Locality PPG meeting as his attendance was not always guaranteed. It was agreed that Kim and John would attend as required to ensure representation.

4. Patient Praises and Grumbles

There were two submissions praising the administrative personnel for their help and courteousness.

There was one complaint regarding the car parks disabled bay not being used correctly. This is a re-occurring problem and following discussion it was agreed that a notice would be compiled and placed on windscreens of any inappropriately parked vehicles.

Laura to action

A reply has been received from the district nurse to a previous grumble as follows;

Grumble- "I find it ridiculous that the district nurses only do one Doppler clinic per month. I think this seriously needs to be addressed by the district nurses as it is far too long to wait in this important area of health"

Reply-"Doppler's are used to enable health practitioners determine if compression can / cannot be used in the treatment of patients with a wide range of lower limb problems. It should be part of a treatment regime. It can be used as **part** of an overall diagnosis of arterial compromise but is not the main diagnostic procedure. It should not be used solely to diagnose arterial compromise, any urgent Doppler's should be performed in Vascular Clinic only."

5. Updates from the Practice

The revised home visits leaflet is currently being reviewed by the GP's for their approval.

Electronic prescriptions are to be introduced by the surgery in the near future. This is where a patient nominates their chemist, requests their medication, and the prescription is approved and electronically sent to the nominated chemist to fulfil.

The Practice Action Plan needs to be completed soon and will hopefully be finalised at the next meeting.

The nomination of a personal GP for over 70 year olds is in progress.

6. Integrated Care Group

ICG has been meeting fortnightly since mid-2013 and has seen the launch of Community Support teams (CST), with Care Coordinators attached to GP surgeries to coordinate the care of especially the frail and elderly complex care patients who make up the top 0.5% of surgery's patients. The main aims are to coordinate medical and social care, provide a link with the voluntary sector with a voluntary single point of access and provide a coordinator for those dealing with patients, including family.

The next step for Integrated Care Teams (ICT's) is to build on community based services and on success of CST's, but mostly on reactive, dealing with episodes that would default by entry to hospital. Also to deal with 'discharge to access' from hospital with a good handover. Two teams are proposed: Chesterfield East and Chesterfield Central. The teams will consist of: Derbyshire Community Health Service workers, Adult Care field workers and mental health staff, GP to have clinical responsibility, access to advanced nurse practitioner, voluntary sector and care coordinators.

Meetings have and are to be held at Walton hospital with DCHS staff on 14 August, with GP's at Quest meeting on 15 October. Also meetings with other interested parties were to be held in the future and it was felt that feedback from these meetings is very important.

Demonstrating the need for change and the effect of change by using a couple of examples.

In reply to a question, Laura stated the Integrated Care Coordinator has been a big help to the surgery, Clive added other surgeries had also praised the situation as being a huge success.

7. Any Other Business

Laura reported the practice had to file an annual report and asked the Group to consider items to be included for the next meeting. It was agreed there would be no patient survey this year but would be considered for the future.

John reported that he would not be available at the next meeting and gave his apologies in advance

Date of Next Meeting is Thursday 13th November 2014 at 6.30pm at Avenue House Surgery.