

PPG Minutes – 11th October 2018

Charnwood Community Medical Group – Dr Hanlon and Partners Patient Participation Group (PPG)

1) **Chairman's welcome**

Welcome to all, especially our visiting speakers, Steve McCue, WL CCG Service Improvement Manager and Geoff Hanlon Integrated leadership Teams Lead. Welcome also to Susan Ibbotson, who is Paul tonight.

Mick reported that sadly, Hilda has resigned from the group after four and a half years with us. She first attended at the AGM in March 2014. Hilda worked on various project groups during her time and was a leading light in the very successful Social Prescribing Group. She, with others worked incredibly hard to support patients and the Doctors, and achieved outstanding results. Hilda enjoyed meetings but she has come to a point where she feels that she can no longer contribute as before and therefore, she has decided to step aside and give someone else the opportunity to take her place on the panel. Thank you Hilda for all your hard work in the past.

Jay, too, hasn't been well and we continue to contact her.

The agenda order was a lot of fun... items were moved up the agenda so that speakers could get away.

2) **Those present.**

Mick Gregory (Chairman), , Roger Harris (Vice Chairman) Carole Jefferson (secretary), Alison Atkins (Management Team), Bhasker Khatri, Helen Davison, Ian Farnfield, John Kershaw, John Todd, Karen Moore, Shirley Siriwardena, Ursula Mullin,

Steve McCue, and Geoff Hanlon Susan Ibbotson, CCMG Practice Manager.

Apologies received

Anne Lockley, David Meredith, Elizabeth Sharpe, Godfrey Moustache, Peter Lewis

3) **Item 6 (Practice News) – Susan Ibbotson's report**

a. Telephone system

- i. A newer version is being incorporated to take account of our feedback. We are looking at changing some of the wording to reduce the time and altering the order of the options

b. Patient Communications Project

- i. Following a meeting with the group around the TV screens we now have a clear view on how to take 'Patient Information Items' forward including referencing on the phones, TV screens, website and leaflet display.

This will provide a really good basis for delivering all of the different parts of the Comms group.

- c. The Practice is preparing for the winter.
 - i. And altering our 'on the day appointments' provision accordingly.
 - ii. Extended access (additional evening and weekend appointments) is now available at the Urgent Care Centre.
 - 1. Patients will be able to phone their surgery and they will be able to make an appointment at the UCC.
 - 2. Doctors on duty are from practices within Leicestershire., on a rota basis.
 - 3. Out of hours, patients should ring 111.
 - iii. We are continuing to run Flu clinics as soon as we receive vaccine and invitations are being sent out to patients as it becomes clear how many doses of vaccine have been delivered. Saturday clinics have been arranged and house-bound patients will be visited at home.
- d. The number of patients registering to join the Doctors' list is still rising and now stands at more than 12 000. The only practice in the locality that is bigger is Forest House in Shepshed. Two practices within the Charnwood area have closed their registration lists. Closure may only happen after permission is granted by the CCG.
- e. Many thanks to PPG members who spent their time with the year 1 medical students discussing what it is like to be a patient within our Practice. The surgery also has a 3rd year student whose placement is 12 weeks. A registrar is also placed with us for approximately four months. The students enjoyed the experience and are very interested in General Practice. 😊
- f. Question – what plans are there for building new surgeries in the town, there is a lot of housebuilding? Answer (Dr Hanlon) – An analysis has been undertaken and it is judged that there exists enough capacity within the town.
- g. There were no other questions.
- h. Susan left the meeting.

4) **Item 4 – visiting speakers – Integrated Locality Teams (ILTs) - Steve McCue and Dr Geoff Hanlon**

- a. Locality Teams are in place across Leicestershire, Leicester City and Rutland each covering 30 000 – 50 000 patients.
- b. In WLCCG there are three groups – Hinckley and Bosworth Area, North West Leicestershire and Charnwood.
- c. What are Locality Teams there for?
 - i. To support patients at home so that they don't have to go into hospital
 - ii. To discharge patients from hospital with the right kind of support so that they aren't then re-admitted unnecessarily.

- iii. Intention is to improve the experience of patients and their families. To tell their story once, not several times to different agencies.
- d. Work has been going on now for about 18 months and could take another few years to ensure that Integrated Locality teams are clearly embedded in healthcare practice.
- e. All agencies that might be involved with a patient are included in the team, such as
 - i. GPs
 - ii. Adult Social Care
 - iii. District and practice nurses
 - iv. Council reps
 - v. Patient rep (Peter Lewis is the rep in our area)
 - vi. Anyone else who might have had contact with a particular patient, e.g. a paediatrician may be brought in to the Locality team if a child is being considered.
- f. The aim is to develop a multi-disciplinary team which works together for the good of the patient.
 - i. An example? It was identified by GPs that it might be possible for a patient to be discharged from hospital, and letters going to the GP. The GP might not see that letter for a couple of days following the patient's arrival home and therefore the ILT is there to pick up the patient's needs and provide the necessary support package – an integrated community offer.
 - ii. The process has been trialled in Charnwood and learning has been fed back to UHL.
- g. There are some good examples of practice already identified.
- h. Currently, we are concentrating on the patient over 18 who are considered to be at risk i.e. the frail and those with multi-morbidities (long term conditions).
 - i. The time frame for completion is unclear as there are many individual agencies, each with their own infrastructure, management structure, procedures, IT systems and contracts that need to be integrated. Each had their own remit and now the model is to working together, for the sake of the patient. Further, the work of integration has taken account of the needs of the people involved as complex historical systems are brought together. Data sharing is possible to an extent.
- j. There is no disagreement among front line staff on the ground.
- k. There is no additional funding to set up and manage the ILTs, the work is being conducted out of existing resources.
- l. Steve proposed the notion of more patient involvement, through PPGs. That can be a burden on individuals as we are all volunteers; however, there is a patient rep – Peter Lewis from our PPG.
- m. Steve promised more communication, but what is communicated has to be managed so that enough is shared but not too much at a time – can panic people. There is now a dedicated Communications team which pulls the sub programmes together.

- n. It was suggested that a patient rep might be on the Comms team, to ensure that communications are readable, intelligible and free of jargon. That was noted.
- o. Mick thanked Steve and Geoff for their input. It sounds as though the enterprise is a very complex but hugely worthwhile job and patients will benefit in the long term.
- p. Geoff kindly thanked the group for their work in supporting the practice.
- q. Geoff and Steve left the meeting.

5) **Item 3. Approval of the minutes of the last meeting (September 13th 2018) and matters arising**

- a. The minutes were approved and signed.
- b. No further matters arising.

6) **Item 5 - Project Groups Progress report.**

a. Communications Group.

i. Screens

1. Helen and Anne met with Paul and agreed the following:
 - a. There should be a maximum of 30 slides at one time, showing for 15 seconds per slide, meaning that the whole presentation can be viewed in seven and a half minutes.
 - b. Paul will produce a template with a large clear font, ensuring a consistent format for the whole slide show.
 - c. He will re-write any new leaflets coming in and cut out some text, to make sure that they fit with the agreed format.
 - d. Slides will be annotated with a number, relating to each leaflet, so that patients can go to a 'leaflet library' and pick up the relevant information if they wish to read further. (Sonia already on to this)
 - e. The result should be that each slide is attractive and easy to read.
 - f. It was agreed that at a future meeting, we will dedicate some time to look at the slide show.

ii. Practice Handbook

1. Roger has sent suggested changes to Paul.

iii. Letters

1. John K and John T are still keen to go through the letters.
2. They haven't arrived with them yet.
3. Mick will contact Paul.

iv. Newsletter

1. John K and Mick met
2. John K. has looked at previous newsletters and offers the following observations.
 - a. He suggests that there might be an agreed structure in future and to ensure that there is some sort of link between newsletters.
 - b. Perhaps we should decide the target audience?
 - c. Is it possible to find out how many people read it? Data may be available for website readers only.
 - d. What is the relationship between the newsletter and the Annual Report?
 - e. Perhaps the newsletter should be for the PPG only, and not include Practice news? Agreed
 - f. Send out newsletters twice a year, just after the AGM and again about this time of year.
 - g. He also suggests that there might be a Newsletter writing group? We do have one.
 - h. Members thought that it would be easier to write if everyone involved with a project group were to write something. Agreed
 - i. It was acknowledged that putting together a newsletter is a tough job, we are all busy people.

v. Social Media

1. Carole reported that she had asked at the locality Group meeting if any PPGs used Social Media.
2. She gave the impression that no group in North Charnwood uses it, but having slept on it, this isn't quite the case. Please see the following extract from the North Charnwood Locality Forum Minutes (not yet seen by them...)
 - a. *Park View PPG used to have a Facebook page but it wasn't used much and so it was shut down*
 - b. *Pinfold Gate Practice has a Facebook page*
 - c. *The Admins are the business manager (Jane Wayment) and the PPG Chair, Gina Challoner*
 - d. *It can be useful for disseminating information from the Practice and/or the PPG*
 - e. *People can't post on it automatically; their comments have to be approved by the Admins first.*
 - f. *It hasn't proved to be a bad thing.*
 - g. *It has been a useful way to receive feedback.*
3. *Forest House (Shepshed) decided against using Social Media*
4. *CCMG commented that there were already many ways to offer feedback to the Practice. It can be useful for getting messages out but*

it can leave staff open to abuse. CCMG have an email service which reaches 2000 patients as well as the Practice website.

5. *Therefore, looking round the table, only one PPG currently uses Social Media and it is carefully managed.*

b. Medicines Wastage Project

- i. Carole reported
 1. that a meeting has been arranged for next Thursday, 18th October.
 2. She has met with Paul and has trimmed the project scope down to Patient Education, focusing on how to get a prescription and antibiotics.
 3. The project will involve some fact finding, and dissemination of advice for patients.
 4. A revised project Mind Map is attached to these minutes. The Mind Map has been sent to Dr. Dempsey, also a request for guidance on Antibiotics prescribing.
- ii. Mick reported that he had been in touch with Gill Stead, the Pharmacy lead at WLCCG.
 1. Gill will get Anne Marie Harrison Locality Pharmacy Lead to phone Mick in the near future. It might be possible to invite Anne Marie to come and talk to us.
 2. Gill is delighted that we are taking up the matter.
 3. She sent Mick a Power Point presentation which she delivered to a PPG Network meeting and some of the slides have been printed off to display in Reception.
 4. She also sent a YouTube video.
- iii. It seems that £300million per year are wasted. A lot of wastage is associated with inhalers and incontinence aids as patients stock pile them and don't always use them.
- iv. Another area is where patients order medicines that they don't need or they are dispensed automatically by the Pharmacy.

c. Additional Small project... Flu Clinics

- i. Mick drew our attention to the display in Reception, showing PPG work about 'I'm Not Well What Should I do', Caring for the Carer' and meds wastage. Looks very attractive! Thanks to Elizabeth, Paul and Mick for staging it.
- ii. Mick circulated a brief for those of us attending the Flu Clinic sessions, so that we can focus our conversations with patients. Very helpful Mick, thank you. Lots of helpful advice here. He will send the document out to the group after the meeting.
- iii. Paul will produce ID badges.
- iv. Mick has produced a rota, anyone else wishing to help, please contact him

7) **Meetings attended**

Oh look, we are back on the right running order!

- i. Bhasker, John, Karen and Shirley attended the WL CCG AGM at the Town Hall recently.
 - ii. They asked about Social Prescribing. Having undergone training and run a successful trial, we are dismayed that funding has been cut and the project shelved. This is particularly pertinent to Shirley who gave hours of his time to the project and frequently encounters members of the public who valued the group's help and are anxious to see it start up again.
 - iii. The CCG have no plans to resume the Social Prescribing initiative, despite evidence that it removes some pressure on GPs and that the patients benefit. They said that there is no funding and that they are involved in Active Signposting, which should provide support.
 - iv. Members formed the impression that the CCG isn't interested and that the meeting was carefully controlled.
- b. Mick reported that he and Carole had attended a North Charnwood Locality group meeting and that Elizabeth had given a presentation about the Caring for the Carer project. Her input was very helpful and the Locality group thanked her warmly for sharing the project with them.
- 8) **Any items for the next meeting, November 8th 2018** should be emailed to Roger in good time please.
- 9) **AOB – Flu clinic help** – if patients express an interest in joining the group, please take their details, but don't promise them a place. We still have to find ways to attract younger people who may not be well represented at those clinics
- 10) **Date of next meeting** – November 8th 2018
- 11) **The meeting closed** at 18.40. Apologies for the slight overrun, but it was a full and interesting meeting and it was important to hear what Steve McCue and Geoff Hanlon had to say. Many thanks to all for your attendance.

Minutes agreed and signed as correct..... (Vice Chair) Date.....

Encs:
Meds wastage revised Mind Map