

PPG Minutes – Virtual meeting 10th June 2021

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

1) **Chairman's welcome – Mick**

Mick welcomed us to the meeting. He also welcomed Stuart Kennedy (Admiral Nurse) and Ireen Kennedy, prospective member of our group. Mick asked us all to try to avoid using NHS jargon, and if anyone is unsure what is meant, wave your hand please!

2) **Visiting Speaker, Stuart Kennedy (Admiral Nurse)**

Thank you to Roger, who has liaised with Stuart, to make the necessary arrangements.

- a. Stuart has been in post for nine months, as part of a two year pilot
- b. The pilot will be evaluated at the end of the two years.
- c. There are 314 Admiral Nurses in the UK. Some employed in GP practices, care homes or a variety of settings
- d. They are employed by the host, in our case, the Charnwood GP network but all are supported by Dementia UK.
- e. Stuart covers Beacon and Watermead PCNs, (8 GP practices)
- f. Focus is on carers and their families to help them support a person with Dementia, around the complexities of caring.
- g. It isn't an urgent or crisis service
- h. It is the carer who is referred and they must be registered at a GP practice within the PCN
- i. Watermead-
 - i. Birstall
 - ii. Silverdale
 - iii. Greengate
 - iv. Thurmaston surgeries and
- j. Beacon surgeries are
 - i. Rosebery
 - ii. Field Street (Shepshed)
 - iii. Forest House (Shepshed)
 - iv. Dishley Grange
- k. Admiral Nursing provides help to the carer with managing the person with dementia or ways to cope with the symptoms
 - i. Challenging behaviour, providing skills to cope
 - ii. Understanding dementia
 - iii. Specialist skills training to manage difficult behaviour
 - iv. Coming to terms with the diagnosis and prognosis
 - v. The carer struggles with guilt, stress, feelings of loss
 - vi. There is a high risk of carer breakdown
- l. Also part of the role is
 - i. To support best practice across the PCN
 - ii. Linking with different staff groups, including secondary care, Age UK, Multi-disciplinary teams, Community Mental health, and the Memory Clinic to support them in managing cases.

- iii. Focus so far has been on GPs but I am looking forward to widening the role
 - iv. Stuart has a clinical workload, as well as his role in helping the carer to understand the diagnosis.
- m. Progress so far
- i. There are good links with all the surgeries, referrals are usually appropriate
 - ii. In the past nine months, there have been 48 referrals, (42 taken on)
 - iii. This amounts to 38 people living with dementia and 41 carers supported. 6 this week
- n. Q&As
- i. Q -Media coverage about mental health and people with dementia – are you managing face to face contact with patients and carers during the pandemic?
 - ii. A – Yes, initially we set up a screening process, to establish which patients could be offered a home visit; I still use that for triage.
 - 1. What is the clinical rationale,
 - 2. What are the risks to all parties,
 - 3. What is the capacity to give consent?
 - 4. Face to face, an increasing number and gives an insight into the dynamics of the home environment.
 - iii. Many of my referrals have been impacted by Covid restrictions, services being shut down
 - iv. Comment – many people will have been touched by dementia and carers can't find the support. Can it be signposted?
 - v. A – It is a massive system. If I get a referral which isn't a suitable case, I would point them in the right direction.
 - vi. Comment – one of our recent projects was about Caring for the Carer, and we increased the number of carers on the GP register.
 - vii. Q – how would a person make a referral to you and how long would you expect to be working with the carer
 - viii. A – Referrals accepted from GP, Secondary Health, and Age UK. An individual should talk to the GP and they can make a referral
 - ix. Hopefully I will be in post for a long time. The pilot will provide evidence for an evaluation, to identify a need for me to continue. I stay involved with carers for varying lengths of time, complex cases, for longer, even when the person with dementia has gone into a home, I may still be involved with the carer as long as I am needed.
 - x. Q – 314 Admiral Nurses – what backgrounds are they from?
 - xi. A – They would all be nurses; some may have a social work background too. Some have a mental health background (such as Stuart). I feel that a dementia background is essential.
 - xii. Thanks Stuart, we hope that you are here for many years to come and that your role continues, you do excellent work.
 - xiii. Stuart left the meeting, offered to answer our future questions. (email, phone)
 - xiv. Roger – there was a substantial amount of fundraising initially to finance his role. Six figure sums were involved, quite an achievement.
 - xv. Paul – we have an Admiral Nurse steering group, fundraising group, involving Stuart, federation, PCN, CCG – how can it fit with dementia work? Also to develop a plan to continue.

3) **Those present.**

Mick introduced the Management team.

Present - Mick Gregory (Chairman), John Kershaw (Vice Chairman), Bhasker Khatri (Management Team) Carole Jefferson (Secretary) Anne Lockley, David Meredith, Ian Farnfield, Roger Harris, Paul Hanlon (Charnwood Community Medical Group Business Manager) Stuart Kennedy, (Admiral Nurse) visiting speaker Ireen Kennedy (Guest)

4) **Apologies received**

Helen, Ursula and Peter, who has difficulties accessing Zoom, is looking forward to being able to meet round the table

5) **Approval Of Minutes and matters arising**

The minutes of April 8th 2021 were approved unanimously. The minutes of the March AGM were also sent round but should be discussed next March at the AGM.

Minutes were approved by a nod of the head.

Matters arising:-

- CCG plans for 'place led' plans. Mick tried to get more information on these plans but has had no success yet. Andy Williams did mention them at the May local forum meeting. Mick will keep trying.
- We also want to know about developing acute hospitals and for mental health, developing a new strategy.
- The newsletter was written and has now been sent to the virtual group.

6) **Recruitment of new members**

- a. Are people thinking that they need to have a medical background? No, everyone on the group is speaking as a patient.
- b. Ireen has come along to see us.
- c. Another lady is very keen to join us but she will qualify only when her house move has gone through. We are encouraging her to join the best Practice in the town, and then she will contact us.
- d. Our patients' group is strong compared with other PPGs in the town.
- e. Posters were put up at the vaccination centre, but no one has yet come forward.

7) **Practice and Federation updates**

- a. Huge thanks for volunteering at the Rosebery vaccination centre. The clinics have gone really well. We don't know the position yet about whether we will give the same vaccine or a different one for the booster. When we hear, we will be able to plan whether to hold any more clinics at Rosebery or not.
- b. General Practice is very busy generally and we are no different. Currently demand is like we have in the winter. Summer time is when we refresh somewhat. We are experiencing really busy days.
- c. Practices are struggling but we are doing OK. We are trying to increase capacity. Dr Andrews has started with us; Dr Odebode (our registrar) will be joining us full time from the end of June. Some GPs are increasing their hours. Our

International GP is going through training at the moment. We should have more GP time at the Practice for many years. Hopefully the increased capacity will be enough.

- d. We have done other work.
- i. Completed the CCG carers support standard framework, reviewing best practice, linking with the PPG project. There is a new section on the website and links with the support package and PPG guide. Forms to complete, regarding carer identification which pops straight through to Paul for follow up.
 - ii. New system for *secure encrypted* communication to Insurance companies. More secure transfer of information, less reliance on the Royal Mail
 - iii. Planning for Flu – A Festival of Flu on the 18th September. There may be fancy dress. Learning from the Vaccination clinic, using two large halls to ensure adequate social distancing, we plan to have a huge day to try to get as many people vaccinated as possible. There will be baking, fancy dress and flu vaccinations will be given! The aim is to vaccinate as many people as possible, early, and create capacity to give Covid boosters. We will expect a large footfall.
 - iv. We have been asked to map our appointments to a national code, so that the data can be pulled out by the powers that be. A big piece of work.
 - v. National Data Opt Out.
 1. Surprised that we didn't get more notice about this.
 2. Delayed until 1st September for further consultation
 3. Practices are being asked to provide patient data for research and planning purposes (very nebulous). Significant concern about what will happen to the data. The Health and Social care Act requires the Practice to comply but we are Data Controllers under GDPR so have a responsibility to make it easy for people to make an informed choice and if they wish, to opt out. We made information available on the website. We have to record the opt outs on patients' records. We could email guidance when we get good official information.
 4. Patients need to opt out and need to know what we are being asked to do.
 5. There was a discussion about the matter as we have no information about protection of our data and which third party, in or beyond the NHS is likely to see it. Commercial companies?
 6. It was agreed to draft a letter to the CCG to express our concerns. John Kershaw agreed to draft the letter (copy to Paul and Mick). Letter to go to CCG, Andy Williams, Jane Hunt (MP)
 7. 23rd June is the cut-off date.
 - vi. Time for returning calls.
 1. Paul discussed with the Partners
 2. The Practice will conduct an audit to see how accurately reception staff can predict the timing of a call back
 3. Certain queries would usually be called back later in the day, based on the clinical need.
 - vii. Looking at planning for post Covid restoration
 1. Offering pre-bookable appointments again
 2. And reopening Forest Edge.

viii. Emails from the website PPG email messages

1. Bookings – all patients are calling at 08.00 – perhaps patients with less urgent need should call later in the day. Mick replied to the email to say that we would have a discussion. What a patient feels is *urgent* is a subjective view.

2. Discussion –

- a. Can we ask queries by email?
Answer -That is worth exploring but GPs have been put off it by negative experiences reported by other GPs. We will look at it. This practice relies on people using the system in the right way and not asking trivial questions
- b. When xx rang in, s/he was moved though the queue very quickly. Marvellous
Answer – we do need to look again at the system now. Everyone in the back office and in branch surgeries answers the phone
- c. Comment – Dr Hanlon explains what to do in an emergency while you are waiting for someone to answer the phone.
- d. Comment –the speed moving though the queue shows that the system works well
- e. Comment – the situation is of our own making in response to Covid. We have needed to triage all the calls. With pre booking the phones won't be so busy.
- f. Comment – I was promised a ring back but I didn't know when they would ring.
Answer – with the audit currently taking place, it might be possible to give a rough time
- g. It was agreed that we return to the matter at the next meeting.
- h. Comment – we are *unusually* very lucky to be able to see a doctor.

3. Nurses changing wound dressings

- a. A patient got caught up in the local system not working well and the patient had difficulty being seen
- b. Question – are nurse appointments available to be booked? The person went back to UCC and is now under the GP's care.
- c. Answer –
 - at the time, there wasn't a nurse in the building
 - Paul will have a look at the deployment of nurses and emergency wound care
- d. The problem arose because on that day, other parts of the system were under too much pressure.

- ix. Another email was read out from a patient who wrote in to praise and compliment the Rosebery team about timely and safe help. Much appreciated. Very nice, copied into the staff bulletin, they deserve a pat on the back.

Thanks Paul for your input and advice

- 8) **Meetings attended**
 - a. Reports from the Federation meeting. A really useful meeting – the minutes will be out as soon as.
 - b. No one attended the Network meeting
- 9) **Project Groups** are still on the back burner
- 10) **Date of next meeting** – July 8th 2021 5.00 pm. Venue to be advised, depending on Government restrictions on assembly. We had hoped to have a social, but we may be back on Zoom.
- 11) Many thanks to everyone for attending, the meeting closed at 18.32

Thanks Paul for facilitating the meeting and providing us with valuable insights into the work of the Practice and the challenges being faced by everyone

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