

PPG Minutes – 13th June 2019

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

1) **Chairman's welcome**

A big welcome to everyone, a good turnout! A special welcome on his first visit to Rob Melling, Mental Health services Community Development Manager, Leicestershire Partnership Trust (LPT). Rob is responsible for a lot of community services over Leicester, Leicestershire and Rutland.

2) **Visiting Speaker, Rob Melling**

- a. Mental Health services provide support for a number of parts of the community
 - i. Children and adolescents (CAMHS)
 - ii. Adults
 - iii. The Elderly
 - iv. Those with learning disabilities
- b. There are in-patient facilities as well as community based. It is unfortunate that some patients need to travel long distances to access an in-patient setting if a place isn't available locally.
- c. The biggest challenge on the service is demand, which is on the rise. They don't always meet demand and there are long waiting lists in some areas of work.
- d. There is also the challenge of financial constraint; the service always needs more people to create more capacity.
- e. The service is working on a 5 year transformation programme, particularly in the area of adult mental health.
 - i. The public was surveyed about what improvements they would like to see and that comes down to four areas.
 1. Accessing services when patients need them, in a timely manner
 2. Assessment
 3. Treatment and
 4. discharge for the service
- f. The service is aiming to develop a single, central access point – one phone number.
 - i. This will give access to the crisis team, or for patients to self-refer.
 - ii. E.g. Currently, the Older persons Services (65+) operates 09.00 – 17.00 only and so it can be difficult to contact someone out of hours to find support.
 - iii. 111 is available. The system still needs to be joined up with Primary Care (GPs)
- g. The service is looking to get teams to work together. Patients often have a range of need and the transformation gives a chance to pull in relevant expertise, e.g. older persons may need psychology support, plus learning support plus dementia specialist.
- h. It is a big undertaking to realize this 5 year transformation programme, but there is commitment and the team is buying into it.
- i. There is an *assertive outreach service*, for those people who are reluctant to engage with the service even though they need it.
- j. Altogether, the service is aiming to make provision fairer, more consistent and keep providing support as long as it is needed.

k. Q&A

- i. Q – What about patients who come to the emergency dept. with a mental health problem?
A – A mental health Triage team at the ED will see patients and set up appropriate action
- ii. Q – Out of hours – is there a MH helpline?
A – There will be.
- iii. Q – Thinking of the service as a pie chart, a large slice must be self-referrers, what other slices are there?
A – Police and the courts, Social Care, schools and colleges, workplaces, *and* the GPs
- iv. Q – What about students in Special schools who are cared for up to the age of 25 and out of the school system?
A - There are links for them through social services. This is good...
- v. Q – How do people find out about the service, not everyone has access to the computer? We wish you luck!
- vi. Q – I know of someone who had to wait for 6 months for help. What does the future look like for a child a child with MH issues?
A – We are aiming to reduce waiting time, but in the meantime we look to see what is available urgently so that parents can be doing something positive while they are waiting.
- vii. Comment – a young patient of my acquaintance was referred by the GP to the Crisis team immediately and the outcome was much better than without the support they were given.
- viii. End of questions
- ix. Mick offered the Group's help with anything the Service devises to do with patient engagement, we are happy to review procedures, paper work etc. Mick thanked Rob very much on behalf of the group for his frank insights into the work of the service and the challenges that they are facing.

3) **Those present.**

Mick Gregory (Chairman), Roger Harris (Vice Chairman) Carole Jefferson (secretary), Alison Atkins (Management Team) Anne Lockley, Chris Sutcliff, Godfrey Moustache, Helen Davison, Ian Farnfield, John Todd, Peter Lewis, Shirley Siriwardena, Paul Hanlon (Charnwood Community Medical Group Business Manager)

4) **Apologies received**

Bhasker Khatri, David Meredith, John Kershaw.

5) **Approval of the minutes of the last meeting, 9th May 2019 and matters arising**

- a. The minutes were agreed as being a true and accurate record.
- b. Matters arising. – Alison's tea parties. Alison is waiting to hear back from the organizers

6) Project Group Updates

Medicines Wastage Group – A Big Pill to Swallow

- i. Carole presented the report on behalf of the group. It had been circulated prior to the meeting.
- ii. At the start of the project, the project group came to the view quite quickly that a lot of waste could be prevented by tackling pharmacies who blanket order or who ordered everything on a repeat prescription without the patient being involved. This was a very useful service for a lot of patients, but was open to abuse. The CCG announced in April that third party ordering would cease on June 30th 2019.
- iii. The project group had investigated widely and involved a lot of professionals, the CCG had acted and there was little more for us to do. The report was written to reflect our findings and recommendations.
- iv. There was discussion around how effective the CCG's consultation on the June 30th 2019 cut-off date for third party ordering had been, the group felt that it had been poor, as we have seen nothing about that in the print media or on TV.
- v. Concern was expressed for those patients who would find difficulty in adapting to the new system and there was very little time for them to do so.
- vi. Very little time, too for Practices to identify patients who c/should be exempted and to complete the necessary paperwork.
- vii. A view was put forward that the CCG had to act more quickly than they originally planned as the financial situation is bad and they had to start saving money.
- viii. From our practice point of view, the timescale is awful as there was/is such a lot of work to do.
- ix. The Practice is anticipating a difficult time in Reception in July and August and Receptionists will take phone orders during those months to help patients. It will be very difficult for that first month.
- x. Anecdotal evidence was aired that demonstrated that some patients are finding the procedure too difficult.
- xi. Roger wrote a Press release and sent it to the Echo (attached to the minutes)
- xii. The impact of the decision is on the North Charnwood Locality Forum agenda for July, to gauge how other practices have fared.
- xiii. The PPG Group accepted the report and Mick thanked the project group for their work.

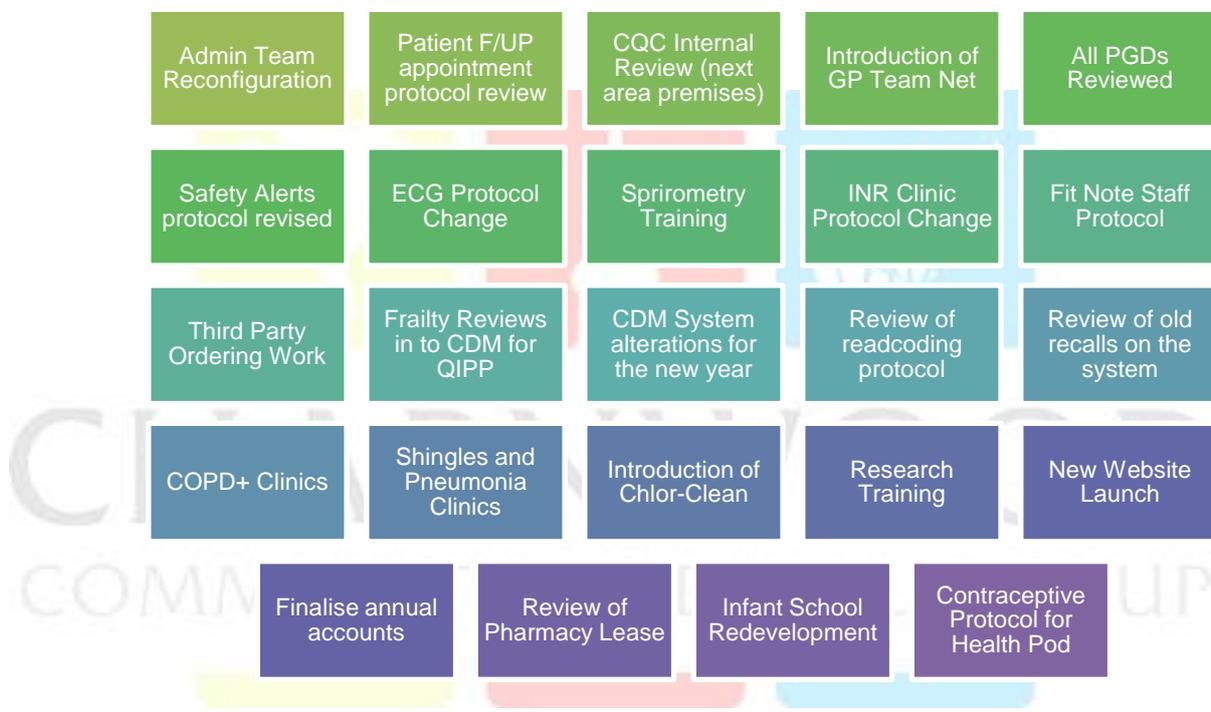
7) Projects for 2019/2020

- i. Dementia – Paul has a framework for the Practice to work through to make the Practice dementia Friendly.
 1. Paul will be leading the Practice through this framework
 2. There will be room for a couple of PPG members to be involved.
 3. Alison will lead the work. 2? More volunteers needed to work with Paul and the Practice team – names at the next meeting please?
- ii. End of life? Bereavement support.
 1. Suggested that a project group work on this topic and produce something that could be helpful to a bereaved person.

2. There are no thoughts about what the finished work should look like at this stage.
- iii. Patient Survey
 1. Surveys were conducted in 2015 and 2017.
 2. The questions on the 2017 survey were quite similar and therefore showed where improvements had been made.
 3. The new survey should feature a fresh set of questions.
 4. *Homework – think of a question!!!! Avoid free text.*
 5. Roger will head up the work.

8) **Practice news**

- a. Paul spoke to the following diagram, which was developed for the Practice management team to explain the work streams carried out. Takes your breath away, doesn't it.



NB ...

F/UP = Follow Up

PGD = Patient Group Directives

CDM = Chronic Disease Management

Chlor-Clean = a product that cleans and sanitizes

Infant School Redevelopment – Lots of ideas about what the practice would like to see such as teaching space, community space

Staff changes

Sue Wilde (phlebotomist) has retired.

Dr Hale is retiring at the end of June and Dr Ridley has been appointed. We are very grateful to Dr Hale for all the help she has given to us over the years, individually as

patients and to the PPG. She is a highly regarded member of the team and will be missed. CJ will bring a card to the next meeting for signing by the group.

9) **Meetings attended**

- a. There have been none since the WLCCG PPG Network meeting on 4th April, for which a report has already been circulated.
- b. Godfrey attended a meeting of the UCC where it was reported that extended hours clinics *may* be held at Rosebery. Paul said that discussions are taking place.

10) **The next meeting is on 11th July 2019**

Please send agenda items to Mick in good time.

11) **AOB.**

- a. Ian raised a point about recorded messages; they seem to be given by Paul and Geoff only. Wasn't there a plan to include more doctors?
 - i. Paul confirmed that they are hoping to include more doctors.
- b. Arrangement of chairs in Rosebery waiting area. Ian raised a concern that some seats were back to back with seats of an adjacent area. This could lead to a feeling of being cramped and the risk of overhearing another patient's conversation
 - i. Paul and Ian have already re-arranged the chairs.
- c. The next WLCCG PPG Network meeting is on Thursday June 20th, all are encouraged to go. The invitation has been circulated, please sign up if you want to attend.

12) **The meeting closed** at 18.40. Many thanks everyone for your contributions this evening.

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