

Minutes of Patient Participation Group meeting
held at Laurel Bank Surgery Malpas
on Tuesday 23rd February 2016

<u>Present:</u> Dr L Davies (LD)	Mrs G Evans	Mrs L Suckley (LS)	Mrs L Bainbridge
Mrs N Cappaert	Mrs A Harrison	Mrs C Humphreys	Mr R Kerry
Mr W Koonstra	Mrs S Norwood (SN)	Mrs K Reeves	Mrs C Reynolds
Mr J Saunders	Mr J Webb (JW)		
<u>Apologies:</u>	Mrs N Ritchie-Noakes	Mr F Dimelow	Mr J Geall
Mrs V Kirby	Mrs M Miles	Ms M Fardoonji	Ms H Mountjoy

1 Welcome

LD welcomed everyone to the meeting and expressed her thanks on behalf of the practice for their continued support.

2 Election of PPG Chair

LD spoke about the need for a new the Chair of the PPG. This needs to be a patient as there are WCCCG events for practice PPG Chairs to attend. This is a networking opportunity which is being missed. She reassured the PPG members that the role will not be onerous, she will continue to attend the PPG meetings and report what is happening at the practice. Lynn will continue to administer the agenda and minutes.

LD advised the group that we had received one nomination prior to the meeting. Other members of the group felt happy to take a supporting role as Vice Chair and attend meetings if the Chair is unavailable.

It was agreed that Mrs Cathy Reynolds will take the role of Chair and Mrs Kate Reeves and Mrs Anna Harrison are happy to take the role of Vice Chair jointly. Mr Roy Kerry was happy for the two Vice Chairs to support the new Chair. LS will inform Chris Amery, Communications & Engagement Manager at WCCCG and ask if meeting notices etc can be sent to all three members. They can then decide who will attend. KR is available and will attend the meeting on Tuesday 1st March.

LD feels that the PPG can help to formulate primary care in the future and their role will be to share information about practice services with the wider community. She feels that the Expert Patient has a contribution to make to inform patients and clinicians about their long term condition and has tasked the Practice Nurses to consider how the practice might use this role in the future.

3 Minutes of Last Meeting

The minutes were agreed, all matters arising will be discussed as agenda items.

4 New Service Reports

a. Extended Hours

LS explained that the CCG has operated an Extended Hours service across the CCG area but not locally to Malpas. The service is designed for patients to be seen for routine care and who are unable to access routine appointments within the normal practice opening hours. It is not designed for patients who need to be seen urgently because they are unwell.

The opportunity has arisen for the service to be carried out at the practice two nights a week and on a Saturday. However the practice has not publicised the service as there have been problems finding Doctors to cover the sessions. LS confirm that the practice will not remove On the Day appointments due to this service being available – the service is to be offered in addition to the surgery appointments.

LD explained that the current Out of Hours service will soon be using NHS 111 to answer all calls made by patients. CR asked if this will have any impact on the service and explained that she would want patients to continue to have access to Shropdoc. LD confirmed that the Out of Hours service will continue as it currently operates but the call handling will be by 111 Call Handlers who are not clinically trained and will follow a script. The option to access Shropdoc appointments at Whitchurch Hospital should still be offered by the Chester OOH service. However, we will have to wait and see how successful this is.

b. Physio First

A new service offered by the CCG started in early January where a Physio will offer a musculoskeletal assessment to patients presenting with joint pain. Patients will be identified by the receptionist when ringing for an appointment. They will be offered an appointment at Malpas, Farndon or Tattenhall clinics which run on a Tuesday, Wednesday and Thursday afternoon. Patients can be seen at any of the clinics. This is not a ‘hands on’ physio service: the Physio will offer advice, give exercises or refer patients on to the GP, Physio Service or to see an Orthopaedic Consultant.

This is a good example of when patients need to tell the receptionist why they need an appointment so they can be signposted and given the most appropriate appointment. As the service is provided by Cheshire and Wirral Partnership Trust it is unlikely that patients will be referred into the Shropshire service in Whitchurch.

c. Broxton Cluster Frail Elderly Nurse

Working closely with the Village Surgeries (Farndon and Tattenhall), Sister Gill Evans is visiting housebound patients registered with the three practices to carry out their chronic disease checks. She provides the patients with an up to date Care Plan which can be used to inform any visiting Doctors or Paramedics about the patient’s clinical care, current problems, medication, latest blood results and the social aspect of how the patient usually lives. So far she has seen more than 120 patients.

The new service has been very well accepted by the patients and their families. Ongoing referrals have been made to the Integrated Community Care team, domiciliary optician and social care.

d. Well Being Co-Ordinator

Another new service funded by the CCG, the WBC is an additional resource for patients and clinical staff will be able to refer patients to her for help with social problems e.g. housing problems, benefits etc. The biggest problem that GE has encountered when visiting the frail elderly is social isolation. She has been able to refer patients to the WBC for practical items.

GE has also given out information about Silverline, a telephone line for the elderly to speak to someone, this can be a one off call, a regular weekly call or a group chat. GE commented that the 3rd sector is very confusing for patient to navigate and she is able to inform them of services that patients are unaware of.

e. Brightlife

JW updated the group on the Brightlife initiative which is a 5 year National Lottery-funded programme and has been launched to identify practical things in the community to reduce social isolation for the over 50s. Louise Gough, the Social Prescribing Co-Ordinator is now leading on this and is based at Malpas Fire Station. She will meet with clients for goalsetting and to agree individual plans. She is running a rolling programme of taster sessions for people to drop in so people get a view of what it entails, e.g. befriending scheme, meal sharing. People can self-refer.

Brightlife is part of the Older Peoples Network who are experiencing problems trying to recruit interested people from Malpas, this is mirrored in the Drop In sessions where the same few people attend. The new Community Compass Group was recently set up by two people previously involved with Brightlife. Yvonne and Simone. They are launching their service on Saturday 2nd April. They are very experienced and will be keen to get people involved.

LD would like to see the Men In Sheds scheme running locally with access to allotments. She also wishes the Pub Grub at Home scheme was still operating as this was a very useful service for patients who used it last year. Being clear about what services are available, communication and linking up all the local services is essential for success. JW informed the group that Malpas will have a new website with links to all the local services and groups and the ability for people to post items of interest, this will provide a means of improved communication. The practice will provide information for the new website with a link to the practice website

LD spoke about her new role as Director of Integrated Care at the Countess of Chester Hospital. She works for one day a week with Consultants to see how the gap between hospital and practice care can be bridged and gives a GPs view of the work in various departments. She is happy to take information about the Integrated Community team and Brightlife to give to the Discharge team to pass on to patients.

f. West Cheshire Way

West Cheshire Way is a CCG initiative involving prevention, self-care and hospital services being available in the Community. The CCG have split the scheme into 3 areas which will be led by each GP locality, Starting Well (Ellesmere Port and Neston), Being Well (Chester City) and Ageing Well (Rural). This fits well with the work we are doing in the Cluster, Brightlife and with LD's role at COCH.

There is an increasing elderly population with multiple health problems, a decrease in social care funding and a lack of professional Carers locally. The Integrated Community team Care Co-ordinator tries to arrange Carers for patients on discharge. To assist this process the Community Team have very successfully implemented teleconference calls with the Discharge Liaison team so that patients can come home as soon as they are medically fit. Speaking directly to the team has improved communication and built relationships; the ideal would be to have the Hospital Consultant working directly with the Integrated team.

LD is now looking at how we can have more outpatient appointments offered in the community. There is little point patients attending for an outpatient appointment just to be given a normal result and the Consultants are just as frustrated with this. Consideration is being given to teleconference calls directly with the Consultants.

5. Review Patient Feedback

LS presented a sheet showing the Family and Friends Survey results from October 15 to January 16. 94.75% of patients are either extremely likely or likely to recommend the practice to their family and friends, this is pleasing to see. We discussed the following comments made by patients:

Receptionist not to ask what the problem is.

Not having to tell the receptionist why you need to see a doctor would be a big improvement.

This is a difficult issue for staff who try to be very discreet. They need to ask the question so that patients can be successful signposted. This can be more difficult when dealing with patients face to face in the Reception area.

Being able to book nurses appointment online as doctors.

This is difficult as Nurse appointments are booked for varying lengths and reasons, Doctors appointments are for 10 minutes. We will relook at the decision not to have on line booking for patients

Late night appointments or early morning appointments.

The new Extended Hours service is now offering appointments after 6.30pm and on a Saturday morning.

There was a bit of a delay from my first phone call about the injection to fit in a telephone consultation and then an appointment.

This was for travel advice, we have recently implemented a new system so that patients are given an appointment with the Travel Nurse to come in to discuss their requirements.

I cannot get out to GP surgery and prefer to be seen at home.

Generally home visit requests are not abused and patients know they are best being seen at the practice as we have all appropriate equipment to use. However sometimes it is important for the GP to see patients in their home environment to get a complete picture of how they are managing. The GPs knowledge of their own patients greatly helps when making a decision to visit.

Blanket to cover me

Bedroll is used by the Clinicians for covering patients when having an examination. It was suggested that patients can bring their own blanket and we should communicate this through our website and Newsletter.

The 10 min appointment is not enough for either doctor or the patient.

Unfortunately we only have 10 minutes to give our patients although they can book a double appointment if required. Doctors would often like extra time to see patients and this may well change in the future.

Light music in waiting area. Luckily not with you too often so no other comments

The general feedback from patients and the PPG is that patients prefer not to have music playing and enjoy the peace and quiet of the Waiting Room.

Eliminate dispensary lunch tim . Only the dispensary being closed for a 2hr lunch... This is really difficult when you can only call in at a certain time.

The Dispensary staff need 2 hours each day between surgeries to carry out the work involved with dispensing prescriptions. On average more than 1600 items are dispensed each week. The work requires concentration and the time is used by 3 Dispensers to complete as much of this work as possible. Their job is further complicated by patients wanting their prescription straightaway rather than giving the required 2 working days notice.

Any Other Business

The practice has arranged a Signposting Training event for all the Cluster Admin Staff during the afternoon of Wednesday 16th March at the practice. As part of this event, the CCG are providing the iVan, which is a prevention and self-care hub, to be parked in the surgery car park from 10.30am until 2.30pm. Patients and staff will be able to look at information about services available locally. All members of the PPG are invited to come along to support the event. Members were asked to take posters and flyers to distribute.

Date and Time of next meeting – will be agreed between the Chair and Vice Chairs and circulated.