

**Minutes of Patient Participation Group meeting
at Laurel Bank Surgery Malpas
on Thursday 5th March at 6.45pm**

Present:

Dr L Davies (LD)	Mrs G Evans
Mrs N Ritchie-Noakes	Mr F Dimelow
Mr R Kerry	Mrs N Cappaert
Mrs V J Kirby	Mr J Webb (JW)
Mrs W Gilpin (WP)	Mr J Geall
Mrs S Norwood (SN)	Mrs L Suckley (LS)

Apologies:

Mrs L Bainbridge	Mrs D J Farrelly
Mr W Koonstra	Mrs M Miles
Ms H Mountjoy	Ms A Handley

- 1 **Welcome** LD welcomed everyone to the meeting. **Action**
- 2 **Items arising from Minutes:** all on agenda
- 3 **Feedback on the PPG Action Plan to date**
- a. **Friends and Family Question**

Results of the surveys from November 14 to February 15 were discussed. It was noted that less patients had completed the survey, reducing to 5 in February. The results will be published by NHS England on NHS Choices from the middle of the year. LD went through the comments which were very positive. We discussed the following in more detail:

Patients looking to the practice for their results of hospital tests following their outpatient consultations at the hospital. The results are generally not sent to us until the patient has been back to hospital for their review appointment. This can cause a significant workload for our staff. Hospitals now copy patients into letters sent to their Doctor and this provides patients with the details they need to contact the hospital directly, hopefully this will improve the situation.

We also talked about Doctors and their various ways of conveying messages to patients. The medication review dates on the right hand side of patients repeat prescriptions can cause unnecessary alarm or concern when appearing overdue. Patients who have one of the chronic diseases (diabetes, heart disease, respiratory disease etc.) are already in the practice recall system. These patients are called for blood testing and to see the Nurse for their checks before the Doctor updates their medication review date. Members of the PPG group were concerned that patients do not understand this.

Patients on medication for raised blood pressure, to lower cholesterol or for thyroid problems, should have their blood tested annually before the review date is updated. Often, the practice will leave the patient to make their own appointment for this. If there are any concerns about medication review dates, patients can speak to a member of staff in the first instance.

It was agreed that both items are suitable for writing in the practice newsletter as a means of communicating these issues with patients.

Post Meeting: For the coming 12 months we will target patient groups to try to increase the number of replies e.g. Nurses will hand out in clinic appointments for one month, Dispensary will hand out to patients on the delivery Round for one month etc.

JCY

b. Brightlife and Dementia Friendly Village

JW informed the group that Adam Shaw has recently been recruited as Head of Brightlife and met with the practice clinical team on 24th February. They have been granted £5.1m over the next 5 years as part of the Big Lottery's Ageing Better Programme. This grant is to be split between 3 hubs, Malpas as the Rural Hub, Chester and Winsford.

The Brightlife project, which starts fully on 1st April, aims to create a better life for people aged 50+ who are at risk of social isolation. They will identify, design and implement a wide range of innovative solutions to address isolation and loneliness in older people across the area. The Big Lottery were happy with the plan submitted for the Malpas hub. However involving local people is an issue, getting people involved with Brightlife locally needs to happen. Chester Older Peoples Network (OPN) will be used as the Brightlife advisory group. JW stressed how important it is that Malpas has a local voice so that the project results in a positive change for our local residents. He would like all to consider joining the OPN to be part of this. The OPN is holding a full day event on 13th May 2015 at Chester Town Hall where the Chief Executive of Silverline will make a keynote speech, JW encouraged everyone to attend.

ALL

There was a discussion about Brightlife taking up the idea of arranging local pubs to provide hot meals and deliver to local people, there is one local pub already doing this. JW also mentioned the Casserole Club which asks people to make an additional portion of food for dinner for a neighbour. The Happy Memories Music Club started on 3rd March and will be held on a Monday afternoon at the High Street Church. This is for people with Alzheimer's and Dementia and their carers and offers an opportunity to socialise, receive and give support and participate in singing.

Adam and his team will be carrying out an asset based audit so that the Brightlife team is fully aware of what is already happening in the village. The practice is actively displaying Brightlife posters in the practice. Practice staff and PPG members have and will continue to provide ideas for new services to Adam aimed at reducing loneliness and isolation among older people.

There was a discussion regarding the Dementia Friendly Community initiative in the village. This was launched originally on 1st April 2014. Since then Prospect House have set up the Forget Me Not Dementia Café which is held in the High Street Church and LD has been successful in arranging a Dementia Friendly film show in Shrewsbury in December 14. A Self Assessment is now required for the village and JW is asking for assistance with this as there has been a lull in interest over the past weeks. Lesley Singleton, lead for the CCG, CWaC and the Alzheimer's Society have agreed to support the initiative at local level.

Dementia Friendly training for staff and PPG members will be held on Thursday 26th March at 12noon. All PPG Members are invited to attend.

c. Facebook Page

Dr Edney has been working with a 6th Form pupil of Bishop Heber High School and they are putting the finishing touches to the practice Facebook page. The page will show 2 photos of the surgery, NHS logo, contact and location details, opening times, a visit counter to show the number of hits and general patient information updates.

d. Walking Group

SN reported that short walks are being held on the 2nd and 4th Tuesday lasting about ¾ hour and longer walks for approximately 1½ hours on the 1st and 3rd Thursday of each month, both with the option to do shorter routes depending upon individual abilities. Each walk has at least 2 Walk Leaders and all routes are planned in advance. They start at 10:15a.m from the High Street Church and finish back there with refreshments. The Thursday walk coincides with the Forget Me Not Café.

New shorter walks will be starting from Craddock Court (for anyone who lives nearby) every Monday at 2pm from 13th April. The group has over 40 registered members; some have graduated from the short walk to the longer walk. They need more Walk Leaders and it was agreed to advertise this in the practice newsletter.

The group has been successful in their bid for funding to Community Voluntary Action and has received £485. Some of this money will be used to fund transport when there is a 5th Tuesday in the month to take the members further afield for a walk.

Bunbury PPG joined the walk to see how it operates with a view to setting up something similar in their village. GFE reported that a member of the National Walking Group Assn attended the walk with her to discuss how the Association may persuade other Practices Nurses interested in organizing something similar for their patients. LD congratulated all concerned for the tremendous effort and achievement and to thank them on behalf of those who walk.

e. Premises

LS informed the PPG about the possibility of applying for an improvement grant towards costs of premises upgrades. She will be obtaining quotations for a replacement boiler and to refurbish the Mother and Baby Toilet to address concerns raised by the PPG about the aged heating system and standard of decoration of the toilet. LS

f. Patient Letters

PPG members are assisting the practice in reviewing patient recall letters to ensure ease of understanding for patients. They would like these letters by email for comment. LS

4. NHS The 5 Year Forward View

LD outlined the future vision of the NHS presented by Simon Stevens, Chief Executive of NHS England at the end of 2014. Recognition of the immense pressures the NHS faces has been acknowledged by all political parties and they have all agreed with him.

The Future Vision can be split into three sections:

- 1) Prevention of Ill-health with increased emphasis on attacking smoking, obesity and alcohol, increased powers for local government Public Health, and increased support for the 1.4 million people acting as carers for their loved ones.
- 2) Ending the split between Primary Care (GPs) and Secondary Care (hospital) by the local development of Multispecialty Community Providers (MCPs) or Primary and Acute Care System (PACS).
- 3) Resources – the need to prepare for a funding gap of £30 billion by 2020/21.

LD explained how the ‘split’ between GPs and Consultants grew as Consultants moved from their Private Rooms into the hospital where they had admission beds and found it easier to ‘follow’ these patients up in the Outpatient department. However, with much shorter inpatient stay and the explosion in IT, patients no longer need to be ‘followed up’ in hospital. Patients can be safely investigated and managed in the local community and this has been proved by the success of the Rural Community Ultrasound Service which operates from the practice.

Using the Multispecialty Community Provider model we hope that more services currently provided in hospital will be provided locally, with hospital teams and Consultants working with GPs in the community - LD calls it a Rural Treatment Centre. Economies of scale will mean that we will work more closely with practices in other local rural area and supported by the CCG. This is the direction that the practice aim’s to follow in order to maintain high quality medical care in our community.

We are lucky to have a stable clinical team at the practice particularly with the huge problem nationally of GP recruitment. GPs provide 90% of NHS health care – it is important that patients understand and use the service wisely.

5 Any Other Business

The surgery Defibrillator machine which was purchased some years ago by Chester PCG is no longer suitable for use, new batteries are unobtainable and the machine does not charge at the correct rate. We have applied to WCCCG and NWAS for a new machine or at least funding towards the cost and neither is able to assist. NWAS provide the Defib machines at the Co-Op in Malpas and Prospect House Nursing Home but have refused our request on the grounds that the machine would not be available 7 days a week. The British Heart Foundation operates a Part Funding programme however Doctors Surgeries are unable to apply.

Although there is no mandatory requirements to have a machine at the practice the Doctors and Nurses feel strongly that a machine should be available in case of need, particularly as blue light ambulances can take up to 45 minutes to get to the practice. NWAS have given advice re purchasing and we would choose to purchase a machine from their list, the cost of which is £650 and £800 plus VAT. JW suggested writing to the Parish Council to ask for funding towards the cost.

LS

There was no further business and the meeting closed at 8.30pm.

Time and date of next meeting: An afternoon in October 2015, date and time TBA.