

Notes from Heath Lane Surgery Patient Participation Group Meeting

Held: Thursday 28th September 2017

1. **Present:** Roger Ellis; Janet Gregson; Dr Sarah Holt; Matthew Hulbert; Donna Macintyre; Jeanette Poole; Margaret Stevens; Martin Strange; Clare Taylor (Chair); Jackie Telford.
2. **Apologies:** Wendy Edwards; Diane Lucking; Ann Myatt; Ann Sowman; Hazel Thomasson; Leanne Thomasson; Ann Walsh; Eunice Ward.
3. **Presentation:** *Liz Steel, Information Officer, Alzheimer's Association* – Liz gave an insightful and interesting overview of Dementia, starting with a quiz in which members were invited to identify how many types of Dementia existed. She explained that 850,000 people in the UK (126,000 in Leicestershire), had been diagnosed with Dementia, 60% of these experienced Alzheimer's disease. The impact on the individual and families/friends of this diagnosis was explored. Leicestershire Memory Support Service (LMSS) operates a range of services across the city and county to provide support, advice, information and signposting to people patients and carers. LMSS provides practical information and guidance on living well with Dementia, enabling individuals to gain a better understanding of the condition and supporting the development of self-management skills and short-term emotional support. Web-based support, written information, a one-to-one support service by telephone and face-to-face is provided. Informative packs were provided for members. Dr Holt outlined the current referral process to the Memory Clinic and Scans, GP's can access information about LMSS via Prism and refer electronically. Call 0116 231 6921 for more information or assistance. National Dementia Helpline: 0300 222 1122. Members appreciated the informative talk and learned a great deal; many questions were answered.
4. **Welcome:** Members were welcomed to the meeting. Another patient, Andree Light, has expressed interest in joining the group; she has been invited to join us on 7th October 2017 for the Saturday flu clinic.
5. **Matters arising** from Notes of last meeting (27th July 2017) and not on the agenda. No matters arising.
6. **Practice Updates:**
 - ✚ **Ann Walsh (Practice Manager) retirement.** Ann will be retiring in March 2018. Advertising for a Business Manager has commenced with a closing date of 10th October 2017. Ann will continue to be employed within the Practice, two days each week for a year; this should aid a smooth transition and will enable Ann to oversee specific projects (e.g. the extension to the Surgery). Members expressed their gratitude for the patient-centred work Ann has

undertaken in her current position and look forward to a continued excellent working relationship.

- ✚ **Extension to Premises:** Jeanette reported that planning permission is expected before 2nd October 2017. AW had contacted neighbours, as suggested by members at a previous meeting; only one individual was concerned over boundary reinforcement issues. MS raised the car park issue; this continued to have no firm outcome. RE suggested that patients are informed over building work and the impact this may have on car-parking spaces.

7. **Flu Vaccination Clinics:**

- ✚ **Ad hoc flu clinics** were held during the mornings of the week commencing 18th September 2017. These had been highly successful with 577 vaccinations completed. PPG members had assisted by approaching patients and suggesting that, if they were eligible, they had their vaccination whilst on the premises – there were very few queues throughout the week with a constant stream of very happy patients. Members suggested that next time a member of Admin staff is present at each session and that the sessions commence at 8am each day in order to prevent queueing. Also, that this provision is extended to two weeks in 2018, starting at approximately the same time in September. This excellent, enhanced provision by the Practice would possibly deter defections of patients to the local Pharmacies for the vaccination. **JP to take suggestions to the team for next year.**

- ✚ **Saturday 7th October 2017 Clinic:** In total eight PPG members have volunteered to assist at this flu clinic; CT will email everyone concerned to remind them of arrangements.

Concerns were again expressed over queues of elderly and vulnerable patients building up during the major vaccination session, but the ad hoc clinics will have mitigated against this problem to some extent.

- 8. PPG Website:** MS had researched the PPG part of the Practice website which was difficult to find. The newly designed website was praised as being professional and easy to navigate, the only issue was the drilling down needed to find the PPG area. It was suggested that we invite the Practice IT Specialist to look into this issue with a view to making the PPG pages more prominent. Members agreed to look at the site and suggest ways in which we could improve our section. **JP to take PPG members concerns back to the IT manager to look into.**

- 9. Joint Health Promotion Event with Barwell and Hollycroft PPG:** MH and CT had secured the George Ward Centre in Barwell free of charge for the first event. We now needed ideas as to the topic which would appeal to patients. It was suggested that Heart Health may be appropriate. The Practice could e-mail the relevant patient group. CH/MH would discuss further with Roy Plumpton, Chair of Barwell and Hollycroft PPG.

- 10. Social Prescribing:** AW had asked CT to research 'Social Prescribing' with a view to undertaking a project at HLS.

A pilot project had been undertaken at Roseberry Surgery in Loughborough, supported through a CCG Grant, training had been given by Voluntary Service Leicester (VAL). This project involved volunteers from the PPG receiving referrals, meeting with patients at a 'Social Prescribing Clinic' in order to discuss which services may best meet their needs, then making direct referrals to those services. The aim being to expand options available in primary care consultation, creating a formal way for primary care services to refer patients with social, emotional, or practical needs to a variety of holistic, local, non-clinical services (e.g. Money Advice Services, voluntary community services etc.). The Loughborough pilot involved a person-centred support network led by patients. Strengths would involve the time available to patients to discuss their issues; a typical session would last for 30 minutes, in contrast to a considerably shorter GP appointment. Training for the Loughborough pilot scheme was provided by VAL. Outcomes: reduction of frequent, unnecessary primary care appointments and directing patients to services that can effectively tackle the issues these patients face. Requirements: A committed group of volunteers willing to give up time and undertake training.

Members discussed this idea at length; they acknowledged that inappropriate appointments could easily drain GP time, and that practical support was often the underlying issue with this cohort of patients. However, members felt that the group could not currently commit to such a time-consuming undertaking. It was decided that Social Prescribing remain on an Agenda item for forthcoming meetings, that CT would do further research and report back on alternative ideas. JP informed the group that other practices run social events for this cohort of patients which may be worth considering. The success of the Walking Group was mentioned as a positive in addressing social isolation. **Action: CT to continue to research**

11. Brief Feedback from health-related meetings attended: CT reported on:

🚦 CCG AGM (Loughborough) 11.09.17

CT reported on an interesting exhibition. She enquired whether HLS was a distribution point for free condoms; SH explained that this had been investigated but the process was complex and it had been decided not to proceed.

CT reported that the CCG needed to save £18.1m to stay still, therefore needs to become 'more efficient' at providing care. Overall our CCG had been rated outstanding in an external assessment (out of 19 CCG's in East Midlands).

Fell short on: 4 hour wait in ER; Cancer referral; MH referral; incomplete pathways; proud of: new approach to Urgent and Emergency Care; Neuro/Stroke rehabilitation; New MH Recovery network; excellent progress on shared Summary Care Records.

Further capital bids – commitment to see Hinckley project through; request of £8m for local services in Hinckley.

MH reported on the **CCG Board Meeting (12.09.17)** which he had attended where contingency plans were been drawn up in case the Hinckley bid was unsuccessful.

🚦 Non-Emergency Patient Transport (Leicester) 25.09.17

To be provided by Thames Ambulance Service Ltd (TASL) taking over from Arriva from 1st October 2017 for a five year contract. 75 Arriva drivers have been employed for continuity, a new fleet of vehicles has been purchased.

Arriva data should have been passed to TASL but confidence in this data has been questioned. Patients are encouraged to confirm bookings by calling 0345 241 3012; for new bookings a call centre will assess eligibility (which is non-means-tested). Teething issues may include transport to and from George Eliot and other out-of-county hospitals. Report problems to

PET@thamesgroupuk.com. Chief Exec invited to speak to our Locality Group in March/April 2018. *CT suggested that our Practice should be pro-active in distributing a text message to patients with the call-centre number. JP to take pre-typed suggestion back to IT manager, although informed Claire that the test messages only have a certain amount of characters allowed.*

12. Any Other Business:

- ✚ **Virtual PPG** – CT understood that this group had been established around five years ago but had declined to nothing. She suggested that we should implement a strategy to reinvigorate the group, which would possible attract a more diverse membership, but that the website should be updated as a priority before encouraging an on-line membership. Members agreed.
- ✚ **Newsletter** – members would like to see a bi-annual newsletter, similar to the one produced by LT and HT around 18 months ago. This would be a project for early 2018.
- ✚ **Release of detailed clinical records to patients:** MH outlined a possible research project which would explore the implications and possibilities of releasing detailed clinical information to individuals. Some discussion ensued. It would be useful for the group to receive a short, bullet point, summary of MH's ideas in order to take this proposal forward. This topic would be carried over to our January 2018 meeting. **Action MS**

The meeting closed at 8:20 (1 hour 50 minutes duration).

Next HLS PPG Meeting: Thursday 30th November 2017 at 6.30 in Meeting Room HLS.

Items for the Agenda to CT before 23rd November 2017 please.

Martin Strange gave apologies in advance for the September meeting.