

Minutes, November Committee Meeting, Alford Patient Participation Group

Friday 28th November 2014 at 1.30pm at Merton Lodge Surgery, Alford, Lincolnshire

Attending:

PPG: Alan Gurbutt – Chair (AG), Sarah Harley (SH), Pat Mowbray (PatM), Len Reeder (LR)

Practice: Ian Atkinson (IA) Guest: Duncan Richardson (DR)

Apologies: Hazel Bogg (HB), Sandra Blakeborough (SB), Pam Maplethorpe (PamM)

1. Welcome and Introductions: by AG who introduced Duncan Richardson, Project Lead for Skegness & Coast Neighbourhood Team who had kindly agreed to come and talk to the group about the work of the Neighbourhood Team.

2. Neighbourhood Team: Duncan explained that he was the Project Lead for the Skegness and Coast Neighbourhood Team (second wave) including Alford, three Louth practices, Mablethorpe and Marsh Medical. Under Lincolnshire's Strategic Services Review (LSSR) Lincs Health and Care is a programme of work to design a new model for healthcare in Lincs which would enable people to access the right services at the right time, i.e. different organisations working in an integrated way to meet common patients' needs. The practices section of this programme includes 'Neighbourhood Teams'. Duncan's team is an 'early implementer'. There are likely to be different approaches by different teams. Issues were complex, e.g. funding for Healthcare is free at the point of access but Social Care is means tested.

One aim was a standardised consent form rather than multiple forms for different services. Sharing of data is important. Two weekly multidisciplinary team meetings are held where any professional can nominate a patient for review.

AG asked if Children's Services were to be separate. DR thought so but the concentration was currently on over 75s.

AG asked if there was a financial benefit. DR said this was definitely seen as the way forward and that locally the aim was to make services work together better.

LR said there were problems with hospital transport for treatment and that the contractor has no criteria? DR said 14 key issues had been identified for the local Neighbourhood Team one of which was transport. After discussion it was agreed that breaches of contract issues should be raised with the commissioner.

Action: DR was willing to discuss with IA.

A job of 'Care Navigator', an experimental post, was currently to be implemented for the Skegness area and this post holder would be able to 'chase' and follow-through on issues by acting as a 'point of access'.

SH asked if the project was time-limited. DR replied no, that this was the future.

DR said there was a meeting on 16th Dec ('Stakeholder Event') at Marisco Medical Practice in Mablethorpe and suggested a patient rep., e.g. AG, could perhaps attend. DR to check for invite. AG asked DR to take back the message that the PPG wants to work with the Neighbourhood Team to support the local community.

Two recent Stakeholder Meetings had had 100 and 80 attendees and there was a 'thirst' to integrate and work together.

AG thanked DR for his attendance and for informing the group.

Post Meeting note re: Meeting Invite: Reply from DR to AG states that because they are in the very early stages of setting up some basic principles for Neighbourhood Teams they think it will be best if we wait

until they are at the operational stage before PPGs get involved. AG feels this is sensible and has replied that we are still keen to help. **Action: AG to keep group updated.**

3. Minutes of the last Meeting: For 31st October were agreed as correct.

4. Matters Arising from Last Meeting

4.1. Development Opportunities: After a discussion it was agreed that schools unlikely to take up our offer until /unless it was mandated and that schools were not willing to integrate with other organisations due to government pressures over performance targets, and as academies there are free to do as they wish.

4.2. DNAs: IA felt there was a correlation between texting and DNAs – those texted less likely to DNA. Detailed reports on DNAs categorised by age still being processed. There were bigger issues at present with SystmOne, so breakdown figures are on hold for now. **Action: IA & will report back to group**

4.3. The Practice would be willing to take students for placements for work experience. IA to discuss with GPs, then to advertise opportunities on the Practice and PPG websites, inviting 16 to 25 year olds to apply. **Action: IA & will report back to group**

4.4. Member of staff to attend PPG Meetings: Anna, the Reception Manager was going to attend but has now moved to another role.

4.5. GP Meeting with CAMHS: IA unable to attend. CAMHS looking into issues and concerns raised by GPs then to report back to PPG. **Action: IA to keep us updated**

4.6. Writing to Labour Candidate: AG has written to prospective Labour candidate Matthew Brown. No direct reply as yet but AG will chase up. **Action: AG**

4.7. PamM's write up for PPG Website: PatM will check with PamM. **Action: PatM**

4.8. Copy of PPG Achievements to PPG Website: in hand. **Action: IA/AG**

4.9. Pull Cords for repair in Toilets: IA reported listed in Maintenance Book and should be done next week. **Action: IA**

5. News from the Practice (IA)

5.1. Alterations: New Treatment Room 6 in use and signage coming. Upstairs Cleaners' Cupboard being created. Work on Reception and Dispensary next. Looking at confidentiality issues in relation to Reception.

5.2. Staffing: New HCA now started, 21 hrs per week working Mon, Wed, Fri (until 7pm Fri). Two new Receptionists. One of the HCAs is doing home visits. Anna, Reception Manager has now moved to be a Notes Summariser. Anne, District Nurse works Mon, Tue, Wed; additional D Nurse starting after Christmas doing Wed, Thu, Fri. The aim of these posts is to keep people out of hospital, where possible. An estimated 8 to 10 people kept out of hospital in the first 6 weeks of Anne's work.

5.3. Practice and the BBC: BBC Countryfile are in the area and want to do something on rural GPs. Alford, like 90% of GP practices, have said no. AG asked if there was an opportunity for PPG to speak, but IA said they want to talk to GPs and Practice Managers, not patients.

5.4. Mon & Fri Walk-in sessions: Working well for illnesses lasting 72 hours so may be extended to include Wednesdays. Agreed would be helpful to advertise this service on the practice and PPG websites. **Action: IA/AG**

5.5. Family & Friends Test: collecting info on this now and reporting back to NHS England. There is a box in the Waiting Room and form available on the web.

5.6. Summary Record Access for Patients: This was now available via SystmOne for all new patients, automatically. Ask at Reception for a username and password.

6. Members Feedback

6.1. LR Transport Problems: Requested transport via advised procedures twice but no response, so contacted PALS. Turned out named email contact was off sick and no one picking up their work/requests. Given new name, re-arranged date and booked transport. Two week later appointment for treatment on other eye so made requests again, twice. Advised 'awaiting permission from manager to book'. Two days before the appointment was advised that manager said they were no longer able to book transport. Finally agreed for LR to get the bus there and transport would be arranged for the return journey. LR has emailed various organisations e.g. HealthWatch, LincsEastCCG and PALS. PALS very helpful but said Transport Manager would ring LR next day to discuss his issue, but still awaiting call two weeks later. LR had requested details of the criteria used for granting/refusing transport requests but that this was not forthcoming. After discussion LR was advised to make a formal complaint to Gary James, Accountable Officer at NHS Lincolnshire East CCG giving a specific timescale to respond; if that didn't help then advised to contact the press. It was agreed and confirmed by email to once again publish LR's experiences on the PPG website. **Action: LR/AG**

6.2. PatM Advanced Practitioner service: was very good - her elderly mother was very happy with this.

6.3. AG Response from John Spendluffe Sports Hall Assoc: they are unable to offer concessions due to tight budget.

6.4. AG PPG Website/Twitter: Website progressing well. Lincs East CCG following us on Twitter.

6.5. AG Communication: At a recent Listening Event that involved patients at East Lindsey District Council, communication across the health and care spectrum was raised as needing to be improved for everyone.

6.6. IA Extra £2.7m for East Lindsey: This is a Big Lottery Fund award. Community Lincs will lead a partnership of 11 East Lindsey based voluntary, public and private community organisations to support socially isolated older people over the next six years. (AG has already circulated web links to members about this)

7. Any Other Business

7.1. LR noted that Advanced Practitioner appointments were not available via on-line booking. IA said only GP appointments at present were available online but that it was under consideration to make AP appointments available too. **Action: IA to ask the GPs**

7.2. LR asked if the PPG should have an e-mail address for patients to make contact. Agreed AG to set up for IA and members to access. **Action: AG**

8. Date and time of next meeting: 1.30pm Friday 30th January, 2015 at Merton Lodge.