

**Attended:**

PPG: Alan Gurbutt – Chair (AG), Hazel Bogg (HB) Sarah Harley (SH), Pam Maplethorpe (PamM), Graham Marsh (GM), Pat Mowbray (PatM), Len Reeder (LR), Alan Reeves – Vice Chair (AR)

Practice: Ian Atkinson (IA) Guest: Ruth O'Melia (RO)

**Apologies: (none)**

1. Welcome and Introductions: AG who introduced RO who had kindly agreed to come and talk to the group about the work of the St Barnabas Hospice.

2. St Barnabas Hospice: Ruth outlined the work of the hospice as follows:

- Care from day of diagnosis to end of life - which may be up to 20 yrs. 95% of patients contacted within one working day
- They are 'for the journey' and help people to have a good quality of life for as long as possible
- Not just for cancer patients, includes patients with other life-limiting conditions. Approx 50% are cancer patients
- Rehabilitation
- Initially an assessment with a nurse, allowing as much time as is needed and allowing the patient to tell their story
- In their 33rd year now and have expanded a lot
- Services are free to the patient
- Most patients come into the hospice and then go home. A small number, usually younger patients, stay until death
- Average is 16 day stay. Occasionally long stay e.g., 4 months
- Cost per day is £700
- Day Therapy Activities is a main part of provision (Anxiety, Fatigue Management, Sleep Deprivation, Breathlessness, Complementary Therapies, Relaxation, Physio, Occupational Therapy, Art & Crafts, Knit & Natter, Photography, Singing, Chaplaincy, Creative Writing, Tai chi, Painting, Singing, etc.)
- Support is flexible
- Carers' Assessments. Support for the family continues as long as it is needed after death of the patient
- Hospice at Home – usually lasts 16 weeks. 3 x per day visits at the end if needed
- Bereavement Support (except in cases of suicide, and of death of a baby, as these need specialist support). Bereavement and Friendship groups and companion groups for various stages
- Welfare advice and advocacy. £74m in benefits claimed last year
- Education for hospice staff and nursing and care home staff including Advanced Care Planning (e.g. burial or cremation)
- Palliative care co-ordination at Lincoln for post-op discharge
- Rapid response telephone service connecting callers with a nurse
- Work closely with Marie Curie and Macmillan. Marie Curie staff provide the night service
- Three Palliative Care consultants (Boston, Lincoln and Grantham) & Dr Lawrence (Louth). Specialist Palliative Care docs at hospice, specialist nurses, physios. 1000 volunteers
- 9240 patients cared for last year, mostly in the community. 172 admissions to inpatient unit at Lincoln, 49 admissions (Sept to Dec) to Hospice within Hospital at Grantham, 642 outpatient appts, 1727 day therapy services. 1698 Hospice at Home visits. 1075 by Family Support Service
- Funding: 26 shops. Lottery (£230k last year). Need to raise £4m per year. Clinical Commissioning Groups provide funding for the Hospital at Home service but not other services
- Future:
  - Support for dementia patients and their carers
  - Day services. Community Support Groups
  - Increase support to patients other than cancer

- Community Engagement. Compassionate Communities – helping people support their neighbours
- Part of the Neighbourhood Teams
- Achieved in 2014:
- Grantham Hospice within a Hospital
- Volunteers in the renal section of the hospital
- Patient & public involvement
- New bereavement services
- Supporting colleagues in acute hospital to improve end of life care
- Established base for the Specialist Palliative Care team within Pilgrim Hospital
- Working with colleagues to support the development of community care for the elderly
- Leading the development of a central computer register to enable clinical teams to work together

AG asked if it was possible cross-reference our efforts by advertising the PPG in the Alford St Barnabas shop with St Barnabas Trust info being put on the PPG website. Action: AG to liaise with RO

GM thought it would be good if GPs made contact with voluntary support agencies in the case of a patient being given a terminal diagnosis. LR said care would be needed regarding confidentiality. Agreed patients could be asked if they agreed or not beforehand.

RO left the meeting.

3. Minutes of the last Meeting: 28th November were agreed as correct.

4. Matters Arising from Last Meeting

4.1. Student Placements: IA reported that the GPs are in favour but nothing in place yet. Agreed to approach all local schools after 1st April. Action: Bring forward

4.2. DNAs: IA still waiting for SystemOne to provide breakdown of figures by age. 274 in Oct, 244 in Nov, 247 Dec, Jan to date 192. IA agreed to report percentage of DNAs against actual appointments in future. GP DNAs are not followed up but clinics DNAs are. Action: IA

4.3. GP Meeting with Child and Adolescent Mental Health Services (CAMHS): No reply from CAMHS to date so nothing to report from GP meeting with CAMHS (4.5 November 2014 minutes).

AG reporting raising with Sir Peter Tapsell MP, as part of an “Equality Test” on government policy, the issue of CAMHS and the cost of poor mental health having a £25bn net impact on the UK economy. AG received a letter from Norman Lamb MP (Minister of State for Care and Support) who advised that local health professionals are responsible for decisions about how to spend money on health services in their areas - including CAMHS. There was emphasis on partnership working to ensure the needs of children and young people are met. Norman Lamb advised AG to contact Lincolnshire East CCG to outline the resources it has directed to CAMHS.

**Action: IA to raise with CCG if still no response; AG to raise at PPG Chairs’ meeting 24th February 2015**

4.4. Writing to Labour Candidate: AG contacted Matthew Brown (PPC Louth and Horncastle) who requested dates. Agreed to wait until post-election, then contact the successful candidate

**Action: AG to write and explain**

4.5. PamM’s write up for PPG Website: Confusion over what was required. PamM agreed to send 100 words on the triage system.

**Action: PatM to AG**

4.6. Copy of practice/PPG Achievements – “You said, We did” to PPG Website: IA to forward to AG.

**Action: IA/AG**

4.7. Walk-in Service, Mondays and Fridays 9-11am: GM suggested notifying the Parish Councils asking them to put details in their newsletters.

**Action: IA to provide info to GM. GM to send on to relevant Parish Clerks**

4.8. Pull Cords for repair in Toilets: Not yet done.

**Action: IA**

4.9. Transport Issues: LR reported that there appeared to have been a 'back peddle; hospital now making payments, as before and other payments coming through much more quickly, though patients have to be persistent.

4.10. Advanced Practitioner Appointments not available on-line: IA advised will be available in future but not yet.

**Action: Bring forward**

4.11. PPG e-mail address: Sorted. AG to email details out again.

**Action: AG**

5. News from the Practice (IA)

5.1. Alterations: Awaiting quote for work on Reception area.

5.2. 'Hot desk' upstairs for GPs to use for admin work – enables Treatment Rooms to be available for others to use.

5.3. Staffing: Ex-District Nurses have both started and are dealing with over 75s and keeping people out of hospital. Doing home visits and working well. Report due mid-Feb. Update to next meeting.

**Action: IA**

No staff changes or vacancies at present. Aiming to have one Receptionist at front to deal with patients' enquiries and another in the back to take phone calls rather than Front Desk Receptionist trying to deal with phone calls too.

5.4. Family & Friends Test: Started 1st Dec. Cards on Reception and link on website. X 6 Dec, x 5 Jan – all bar one said 'extremely likely' to recommend, x 1 said 'likely'. First report goes to NHS England in mid-Feb.

5.5. Pre-CQC advice: Kate Pilton, Practice Manager Liaison with the LMC coming on 17th Feb to do a walk round and to offer advice regarding CQC inspection.

5.6. De-cluttering Exercise: carried out recently by staff, including doctors. Looking at each room for things no longer required and noting anything that needs doing.

6. Members Feedback

6.1. PamM: with the initiatives on TV, etc. how will GPs cope? IA said that new national initiatives were each discussed with the GPs to see if they were feasible and worthwhile.

6.2. GM: noted the Government initiative for adult social care and healthcare to be seamless – not convinced it will happen.

6.3. SH: Noticed that the list of members on PPG website needs updating.

**Action: AG**

Noted from latest National Association of Patient Participation (NAPP) bulletin:

a) 18-34 year olds twice as likely to go to A&E /Walk in Centre when they can't see their GP compared

with over 55yr olds.

b) PPG Awareness Week is 1st-6th June. Resource Pack available on the NAPPS web-site

6.4. AG: received Alford Sports Hall Association letter saying available services are signposted via their website ([www.alfordsportshall.co.uk](http://www.alfordsportshall.co.uk)). After a discussion it was agreed to raise the issue of the use of schools' sports facilities as public buildings for out of school hours health promotion activities to the new MP for Louth and Horncastle after the election. GM deemed this to be an important issue in light of obesity rates in East Lindsey

**Action: Bring forward**

AG invited to Feb meeting at Lincoln Central Library regarding "Books on Prescription" for dementia.

**Action: AG will feed back at next PPG meeting**

6.5. IA to look at possible dates and venue for AGM (March?).

**Action: IA**

7. Any Other Business

7.1. IA: noted that the practice will report direct to the CCG from 1st April. Hopefully this would be far better than reporting to NHS England. IA will keep us updated.

7.2. IA said that NHS England and CCGs are doing work on one standard 'Do Not Resuscitate' form and had requested practice comments by 30th Jan. Lots of different forms and grey areas at present. Idea is to standardise.

7.3. IA reported that NHS England have a pot of money for practice infrastructure changes and were inviting bids by 16th Feb. Meeting being held at the practice to think about requirements with a view to submitting a bid to re-vamp current premises. Action: IA to give update to next meeting.

7.4. IA reported that 'Federation' is the current buzzword. It was anticipated that specialisations at individual practices would be available for patients from all local practices within a federation. Early talks at present.

7.5. PamM felt that texts sent in error, to wrong patients, should notify the 'wrong patient' when cancelled.

**Action: IA to follow-up**

8. Date and time of next meeting: 1.30pm Friday 27th February, 2015 at Merton Lodge. (Note apologies from Pam M)