

MINUTES OF THE PATIENT PARTICIPATION GROUP MEETING HELD ON TUESDAY,
12TH JANUARY 2016

<p>PRESENT: MR B BUTTERS (PB) REV JOAN WAGSTAFF (JW) MR J FAIRWEATHER (JF) MISS R REBO (RR) DR A D BIRCH (ADB) MR B DOWD (BD) MRS S ROBERTS (SR) MRS N ROGERS (NR)</p>
<p>APOLOGIES: MRS M RISLEY (new member)</p>
<p>Mr A Wagner – no apologies received</p>

	ACTION
Resignations - none	
New Members Michelle Risley was to be a new member, but unfortunately has telephoned that she is unable to come today due to sickness.	
Minutes of Previous Meeting read, agreed with slight amendment that the AOB Level 3 Aware Institute of Leadership and Management City and Guilds Long Term Coaching, Rev Joan Wagstaff was not undertaking the course.	SR
PPG Terms of Reference and Ground Rules no changes	
Actions from previous meetings – no actions	
<p>Dr Birch presented his overview of cluster working He noted that cluster working was a better way of working. The practice is working as part of the Integrated Care Team (ICT). The ICT is a multidisciplinary team of District Nurses, Physios, Community Matron with access with a Community Geriatrician.</p> <p>The cluster is made up of Old Hall Surgery, York Road, Westminster Surgery and the 3 Whitby Practices. It brings together closer working and more cross working with other practices. The future will enable perhaps, more employment of a Phlebotomist and may be other skills to work with our elderly population.</p> <p>This is a new project and the cluster is employing a Doctor 5 mornings a week to sit with the ICT to ensure that elderly requesting visits early, can be visited to try and keep them out of hospital to support the ICT. The ICT are based at the Civic Way Council offices as is the Doctor with them. The Doctor is operating this early visiting service so that visits coming in will be dealt with earlier than if the practice were taking them. He is doing one visit per practice.</p>	

	<p>Dr Birch noted that he felt it was very advantageous to have a GP sitting with the Team, and joint visits whereby a Doctor and a Nurse can visit a patient in their home can often be very beneficial to the patient's care and very early issues being addressed. Similar to the service which is Hospital at Home. It is an intensive care at home to keep patients out of hospital.</p>	
	<p>Peer Coaching – Brian Dowd from Expanding Futures This is a Company that have been remitted as part of a pilot project to do some supporting of patients with long term conditions. Peer Coaching was first found to be successful in substance misuse patients who had long term conditions and both the substance misuse and long term conditions improved over a period of time. The Peer Coaches are trained to City and Guilds standards and this CCG locally have initiated this pilot project in Ellesmere Port.</p> <p>The remit was to train 6 coaches and actually 7 were found, one could not continue and 4 out of the 6 were patients from Old Hall Surgery. The theory is off the ground now and complete and now the coaches are looking for patients to be coached. The coaching is held at Trinity Methodist Church on Whitby Road. It is important that it is away from the medical environment. Completely new initiative in the UK. Most important part of the programme is the motivation. Each time a patient is seen by a coach they complete the EQ 5D 5L health questionnaire. This assesses the changes if any with gold setting and coaching over a period of 6-12 weeks.</p> <p>There are 2 leaflets that are available as part of the peer coaching project and the first leaflet is "What can a Peer Coach Do", which gives information to the patient around what they can do, what will happen during the coaching and what difference it could make and how the patients do whatever they do should they want to be coached. The second leaflet "Peer Coaches for People for long term Conditions" who are the peer coaches, what do the coaches do and what happens next and a section to allow the patient to consent to be referred to a peer coach.</p> <p>The Coaches never give advice. They empower the patients to manage their conditions in a better way.</p> <p>One of the PPG members, RR, is actively doing the coaching and is engaging with patients.</p> <p>There were discussions around the difficulty in recruiting patients with long term conditions for the coaches and in view of the fact that it is a pilot project, these things are often slow to take off.</p>	
	<p>Nominations for Secretary No nominations received.</p>	

	<p>Nominations for Chairman JF was nominated and seconded. JF to be the Chair.</p>	
	<p>CCG Meetings It was noted that the CCG have meetings area wide which the Chair should attend. PB noted he is down to attend one next week. PB and JF to liaise</p>	
	<p>A discussion on Patients Survey Results from earlier in the year. It was noted that the nurses came out very well and being very good at providing support to the patients. Overall the survey was acceptable and there were no areas identified which needed addressing. SR noted that the Friends and Family Test, which the practice are remitted to complete, which asks whether you would recommend the practice to your friends and family, came out very positively. There have been no negative comments on these surveys.</p>	
	<p>Engagement Funding – SR Sue presented the paperwork which is a pot of money, albeit very small, to support the PPGs in any project that they would wish to put on as part of the PPG for the practice. The practice cannot have any input into this whatsoever and it has to be applied for by the PPG. Paperwork left with PB.</p>	
	<p>Cheshire Care Record SR presented the recent changes to access to records. Cheshire Care Record is a record that allows an agreement between practices in Cheshire to allow access to patient’s records. This has been brought forward by the Extended Hours. The Extended Hours is an extension to our existing opening and not an Out of Hours or an emergency service and should be as seamless for the patient as it is if the patient was walking into the practice. So the patient who is seen at Extended Hours should be able to have a referral or a blood test and the Doctor be able to see the patients record exactly as they would in the practice. This has not been the case because not everybody has been signed up to the Cheshire Care Record.</p> <p>A lot of work has been done recently on the ownership to the responsibility of how data is accessed and the agreement has been presented to the GPs Medical Defence organisations who have approved the audit trail for access to records and has now been signed by all practices.</p> <p>The practice has sent out letters recently to patients who had opted out of the Cheshire Care Record advising them that if they did not opt in they could not attend Extended Hours. This had brought some comments from patients that this was a “blackmail” and was not acceptable and whilst some patients had opted back in, the majority remained opted out.</p> <p>Because of the negative comments, this has now been taken to a meeting at the CCG with regard to a review of the access.</p>	

	<p>Thank you Card from Dot Lawton Sue presented a thank you card from Dot with regard to the gift that the PPG members had sent her.</p>	
	<p>Minor Ailments Scheme SR noted that there had been some issues recently with the Minor Ailments Scheme and a patient had gone to 3 chemists on a Saturday and was told there was no service in place until she eventually got some help at the 4th chemist, i.e. Superdrug. SR asked if the members of the PPG could take their concerns around this service that was being paid for by the CCG, but obviously not being provided at a weekend and whether the PPG could carry any weight to improving this service. Perhaps the Chairs meeting next week would be the place to broach this.</p>	
	<p>Further issues discussed</p> <p>Electronic Prescription Transfer It had been noted that Boots Chemist had difficulties. NR did advise the Group that this was now resolved as far as she was aware and prescriptions were being transferred. PB noted he had had an issue with a prescription sent to Boots and ended up coming to the practice because it was quicker. SR advised that Boots have a central IT server which causes a triangle rather than a direct transfer, so a prescription going from the practice would go to the central server and then go to the local Boots, whereas other pharmacies, the prescriptions go direct from the practice to the Pharmacy.</p> <p>Recruitment of Doctors Sue noted to the PPG that the practice continues to struggle to recruit Doctors. We have not been able to replace Dr Shaw still as yet and the practice is struggling with covering all of the surgeries. There are no Doctors available for jobs, young doctors qualifying are going to Australia because they can earn more money for less hours and the weather is nicer! Also a lot of women in general practice do not want Partnerships and definitely do not want to be working full time. There are very few men coming into practice and those men in practice are struggling with the workloads. Recruitment is across the whole country and the PPG may be aware there are a lot of practices across the Country asking to close lists and this is due to the pressure of work. SR will keep the Group informed as to any changes or progress on this.</p>	
	<p>It was agreed to have the next meeting on Tuesday, 16th February, 2016.</p> <p>Meeting called to a close.</p>	