

Vine House Patient Participation Group

Minutes of meeting held on Wednesday 29th November 2017

PRESENT

Liz Burns (Guest), Bob Cockerell, Alison French, Helen George, Jane Lay, Laila Namdarkhan (Chair), Sue North, Jo Stanley, Charlotte Trotman, Peter Warman, Madeleine Watkins, Sue Williams.

ITEM 1 - APOLOGIES FOR ABSENCE

Wendy Ball, Sara Bedford, Murray Blackford, Martin Brooks, Sally Davies, Joan Gentry.

ITEM 2 - Minutes of the last meeting, held on Wednesday 9th August 2017.

The minutes were signed as a true record.

ITEM 3 - Matters arising:

a. Item 3: Mental Health Support

There is no further news. Item deferred to next meeting.

b. Item 3-GP services for Abbots Langley

Additional funding has been made available to ease winter pressure from December to early February, for 10.5 extra clinic hours. This funding is made on the basis that one appointment per hour is 'reserved' for patients from other practices in the Community Neighbourhood Hub. All the extra appointments would be available on a 'book-on-the-day' basis.

c. Item 4 – DNAs

There was discussion regarding the higher incidence of DNAs for weekend Hub clinics. It was noted that appointments could not be cancelled at the weekend, or reallocated, as there was no mechanism for this (no centralised manned or on-line system). This could lead to higher DNAs, and greater waste. The PPG agreed that this should be investigated further, and concerns passed on to the relevant organisation.

ACTION JO STANLEY

d. Item 7 – Hertswise

Liz Burns had attended a meeting about Hertswise, and reported that there was good anecdotal evidence that the service was working very well for carers of persons with dementia.

e. Item 8 – Carers

It was recognised that the term 'carer' embraced a wide range of needs. There may be more funding available to support carers.

2 more carers had been identified at the flu clinics.

Work is continuing in schools to identify Young Carers. More information on young carers can be found at:

<https://directory.hertfordshire.gov.uk/kb5/hertfordshire/directory/service.page?id=yp724zMb7F4&familiesfirstchannel=2>

or

<https://directory.hertfordshire.gov.uk/kb5/hertfordshire/directory/service.page?id=ARMLaGFY5c8>

ITEM 4 - Update on cost saving measures by HVCCG

HVCCG approved the proposed cuts to services in October, taking account of the feedback they had received. (for further information on the responses to the survey see:

<http://hertsvalleysccg.nhs.uk/news-events/927-hertfordshire-nhs-service-changes-decisions-announced-today>)

The changes are:

- 'Morbidly obese' patients with a BMI of over 40 will not be referred for routine surgery until they reduce their weight by at least 15% over 9 months or reduce their BMI to less than 40 (whichever is the greater weight loss). 'Obese' patients starting out with a BMI of over 30 will not be referred for routine surgery until they reduce their weight by 10% over 9 months or reduce their BMI to less than 30. These criteria will apply unless waiting for surgery would be more harmful.
- Smokers will be required to quit smoking before being referred for non-urgent surgery, unless waiting for surgery would be more harmful for them.
- Gluten- free food will no longer be available on prescription, with the exception of those patients with learning disabilities or where there are welfare concerns.
- In future, people wanting a prescription for medicines, products and food items that are available to buy from pharmacies, supermarkets or shops for short-term conditions will need to purchase them directly, except in exceptional circumstances.
- Female sterilisation will only be funded in exceptional circumstances, which would be assessed on a case-by-case basis if alternative forms of long-acting contraception are unsuitable.

- IVF and other specialist fertility treatments will no longer be funded, except in exceptional circumstances. This decision will be reviewed after one year, in the light of the financial position Herts Valleys finds itself in at that time.
- A proposal to stop funding for vasectomies was rejected on the basis that this would not be cost-effective when the long-term cost of contraceptive services is taken into account.

The savings from these measures only go part of the way to the £48 million savings required. Other savings are coming from non-clinical areas.

ITEM 5 - Feedback from Development and Network session held on 14th November

(see separate document – “Report of PPI Session 14 November”)

a. West Herts Urgent Care Strategy

There is a new national strategy for urgent care, and will lead to four Urgent Treatment Centres (UTCs) across Hertfordshire. The aims are to improve local access, remove the pressure on A&E departments, reduce confusion about where people should go for urgent care and improve the effectiveness of NHS 111. The first will be based on the existing urgent care unit in Hemel Hempstead, with effect from December 1st 2017, and the other three will be in St Albans, Watford and Hertsmere. Eventually the Urgent Treatment Centres will include more diagnostic services including rapid blood testing and X-ray, on-site pharmacy services, mental health services, and will be a base for community nurses. They will run an appointments system for referrals from NHS 111 and GPs, as well as walk-in services.

The opening hours of the Hemel UTC will remain the same as at present (8am to 10pm), but this will be reviewed from January.

b. Social prescribing and community navigators

The national strategy is to achieve a common approach to self-care and social prescribing. This includes any non-medical activities that can enhance wellbeing and health. HertsHelp (<https://www.hertshelp.net/hertshelp.aspx>) is the central point of contact for referrals – these can come from anyone associated with the NHS or Social Services – and consists of teams of Navigators. These include the Hospital Discharge Coordinators, and Community Navigators.

ITEM 6 – Antibiotic Prescribing

Further pilot studies of the use of blood testing to reduce antibiotic use, are being carried out at six more surgeries within HVCCG. The cost of many antibiotics was very low – less than £1 for a full course of commonly prescribed antibiotics. The overall cost to the NHS of prescribing an antibiotic would include other charges like pharmacy handling costs, but no overall figure was available. The direct cost to the surgery was only the actual cost of the drug.

ITEM 7 - Any other business

A: Diabetic care

Concern was expressed about poor response from the advice line at the Community Diabetic Service, based at Potters Bar. Although there is no specialist in diabetes care at Vinehouse Surgery, all the GPs expect to see and treat diabetes as this is a widespread condition.

Peter Warman noted that there is an excellent Diabetic Support Group based at St Albans City Hospital. This meets monthly on the first Tuesday of the month. For further information use this link:

<https://st-albans.diabetesukgroup.org/about/>

B: Veterans

Liz Burns (Veterans' Champion) outlined changes being made to how veterans are to be recorded on their patient records, as a way of ensuring that veterans are being given the benefits to which they are entitled. A single code will be used to incorporate all the armed forces.

A veteran is someone who has served in the armed forces for at least one day. When servicemen and women leave the armed forces, the responsibility of their healthcare transfers from the military to the NHS. Veterans (and their dependents, and dependents' children) have specific rights to treatment and benefits.

Jo Stanley noted that all new patients joining Vine House complete forms that record veteran status, but that patients who have been registered for many years might not be correctly recorded.

C: NAPP

There is a meeting with Paul Devlin, Chief Executive of the National Association for Patient Participation (NAPP) on 5th February 2018 – this meeting is for practice staff and PPG patient members. Topics for discussion are:

- How do PPGs get a more diverse membership? – including virtual contact and the use of social media
- How can PPGs contribute to quality improvement?

Sue and Laila will attend this meeting and report back at the next PPG meeting.

ITEM 8 - Date of the next meeting

~~Weds 28th February 2018, 7.30 pm at Vine House Surgery~~

IMPORTANT CHANGE: DATE OF NEXT MEETING NOW CHANGED TO WEDS 7TH MARCH 2018