

Vine House Patient Participation Group

Minutes of meeting held on Tuesday 11th September 2018

PRESENT

Murray Blackford, Sally Davies, Chris Jones, Jane Lay, Laila Namdarkhan (in the Chair), Sue North, Jo Stanley, Peter Warman, Sue Williams

ITEM 1 - APOLOGIES FOR ABSENCE

Wendy Ball, Sara Bedford, Alison French, Joan Gentry

ITEM 2 - Minutes of the last meeting, held on Wednesday 30th May 2018.

The minutes were signed as a true record.

ITEM 3 - Matters arising:

- i. Item 4 – It was noted that a message (in red) appears on the front of the website, in connection with signing up for newsletters. Further clarification is required.
- ii. Item 5 – extended GP access – NHS 111 is now able to book appointments directly with the practice or Hub, but is still not able to access the extended hours appointments.

ITEM 4 – PPG Surveys

Chris reported that the most urgent survey is to ascertain patients' views on access to services. Discussions concluded that:

- The practice would mount a publicity campaign to spread information about the improvements to access
- Ideas suggested for publicity included use of social media, such as Facebook (abbots Langley Matters), and other widely distributed media, such as LibDem newsletters, as well as flyers at Chemists and the Library, and other locations in the village.
- The practice would design a survey questionnaire to seek patients' views on ease of access to GP services, including whether patients were aware of the changes, and whether improvements were perceived
- Patients visiting the surgery would be asked to complete the survey
- The PPG would help to carry out face-to-face surveys at junior schools in the area, following appropriate approaches to the school management and possibly to the PTA to gain permission and support.

There is additional funding for 'winter pressures' again this year there will be extra appointments available from 1st October to 31st March.

This would also be part of the publicity campaign.

Action : Chris Jones, Jo Stanley

ITEM 5 – Succession for roles of Chair and Secretary

The constitution of the PPG states that the offices of Chair and Secretary should be held for 2 years, and then renewed or replaced as appropriate. The two year cycle means that these offices are due for reconsideration in January 2018. It was noted that Laila would stand down from the group following the meeting. There was a vote of thanks for the work she has done for the PPG.

Sue noted that she is prepared to stand as Secretary for a second term.

ITEM 6 - My Care Record

The introduction of 'My care record' is proceeding, enabling hospital departments to access medical records held by GPs. So far Watford General Hospital has introduced the system to the A&E, Pharmacy, Frailty and Diabetes departments.

Anecdotal evidence is that patients are happy with the system and surprised it has not been in place already.

- Doctors at the outpatient clinics or A&E must check that consent to access is given by the patient, although if the patient is unconscious the doctor can still access the records.
- Patients who have previously opted out of 'Summary Care Record' will still be included in 'My Care Record'. (This is a correction to our discussion at the PPG meeting)

Vinehouse surgery will be contacting all patients who have previously opted out of 'Summary Care Record' to ask their preference regarding 'My Care Record'.

Action : Chris Jones

ITEM 7 – Forthcoming PPG network / PPI meeting with HVCCG 12th September

Sue outlined some of the topics that were on the agenda for the rescheduled PPG/PPI meeting. It was agreed that she would attach notes of the meeting to these minutes. (See Appendix)

ITEM 8 - Any other business

- New Dementia Support Group** – A new support group for people with dementia and their carers has been established. It will meet every Wednesday from 10am-12noon in the Small Meeting Room in the Methodist Church, Langley Road. There is a £5 charge for the cared for person; there is no charge for the carers. Anyone wishing to attend should call HertsHelp on 0300 1234044 and ask for Lauren McGuire, to register details and be added to the list.

- b. **Concern about delays in outpatient referrals and appointments** – It was noted that, whilst some specific health conditions (heart, diabetes etc) were dealt with rapidly, and outpatient services were available fairly quickly, other equally serious conditions were not receiving the same degree of urgency. This is a reflection of the strain that the health service is under.

- c. **Expert Patient** – Peter Warman outlined the existence of some self-help groups that run locally. The aim of these is to help patients become more informed about the management of specific conditions. A good example of this is the Diabetic Group that meets on the first Tuesday of each month (apart from August and January) at St Albans City Hospital. Experts including consultants and specialist nurses give presentations about the condition.

It was agreed that the PPG and Vine House Surgery should aim to compile a list of available groups in the area, over the next year.

Action : all members of the PPG and Vine House Surgery.

ITEM 9 - Date of the next meeting

The next meeting of the PPG will be held on Thursday 10th January 2019, at 7.30 pm.

APPENDIX:

Notes made by Sue North from the HVCCG Patient Public Involvement and Patient Participation Network Development Session, held on Wednesday 12th September, 2018

1 Patient Choice

Presentation: by Charles Wheatcroft, Director of Acute Commissioning and Contracting

Under current arrangements patient choice includes choice of GP and choice of Specialist (eg choice of Acute Service/Hospital).

A more integrated pathway is being developed to include community services. In this model, a GP refers a patient to a triage clinician who then decides which services are required. This could be an outpatients department in a hospital, or the community such as physiotherapy services. (eg Musculo Skeletal Services in HVCCG are provided by 'Connect')

Feedback:

Care needs to be taken to ensure that community services are easily reached by patients, and that transport arrangements can be made for patients who cannot drive.

2 Participation Strategy

Presentation: by Juliet Rodgers – Communications and Engagement Director

The participation strategy is under review, and aims to improve participation and engagement by members of the public, to help to improve health outcomes.

It is recognised that some sectors of the population are not being engaged, and ideas are sought on ways in which participation can be broadened, eg amongst younger people and ethnic minority groups.

3 Extended GP Access

Presentation: by Sarah Ayub - Primary Care Contracting and Commissioning Support

Extended access, outside the core hours of 8.00 to 18.30, Monday to Friday, has now been introduced across HVCCG. (Statutory requirement). As a minimum, weekday appointments must be offered within each locality (group of GP practices) from 18.30 to 20.00, and in some cases appointments are available up to 21.00 or 22.00. Weekend appointments are offered on both Saturdays and Sundays. Most of these appointments are with GPs but some are also with nurses and others with pharmacists.

At the moment NHS 111 cannot book these appointments for technology reasons.

4 Breakaway Service

Presentation: Sally Mack, Business Support Officer, Crossroads Care Herts North

Crossroads Care Herts was established 30 years ago and provides support for carers.

The Breakaway Volunteer Service has been taken on by Crossroads Care Herts, and is now known as Crossroads Breakaway. It is a volunteer service that is available to support unpaid carers, and enables them to take a break. For example a volunteer may sit with a cared-for person for 2 hours, enabling the carer to go out.

The Service is constantly seeking new volunteers, but currently has some spare capacity with volunteers waiting for new referrals. Further information can be obtained from Crossroads Breakaway on 01462 427549, or email info@crossroadshn.org.uk , or from the website www.crossroadshn.org.uk

5 NHS 111

Presentation: Dr Vipul Parbet, GP, Integrated Urgent Care Lead for Hertfordshire

Integrated Urgent Care includes:

- NHS 111 contact centres
- GP out-of-hours service
- Clinical Assessment Service (CAS) (part of NHS 111)

Integrated Urgent Care aims to ensure that patients needs are met in one step; that the emergency care network is supported (by reducing the number of patients needing to present at A&E departments); and that primary care is adequately supported.

CAS:

- 24hour/7 days a week GP service
- Pharmacists
- Dental nurses
- Palliative care nurses
- Clinical advisors and paramedics
- Clinical Navigators

The introduction of a 24/7 GP service within CAS has greatly improved the 111 service, and resulted in a 50% reduced attendance at A&E – a better outcome for patients and for stretched A&E staff. It has also reduced the demands made on the ambulance service.

Care homes will all have direct access to CAS by the end of the year, facilitating more relevant treatments, and reducing the need for hospital admissions.

NHS 111 ON-LINE:

A new service started in HVCCG 3 months ago, using on-line access to NHS 111. The aim is to improve access, whilst reducing the demand on the telephone lines.

Other developments include:

- the use of What's App by the out-of-hours GP to communicate with patients, and reduce the need for a home visit in some cases, or identify emergencies in others
- From October onwards a member of the Crisis (Mental Health) team will be part of CAS
- Prescriptions will be sent from CAS direct to a relevant pharmacy
- CAS can book appointments directly into the UTC (Hemel Hempstead)

An NHS 111 Campaign is being launched across Hertfordshire in mid-September.

6 Medicines Waste

Presentation: Elma Short, Communications and Engagement Manager, Herts and Essex STP

Challenges include the growing numbers of obese and overweight patients, leading to more cancer and diabetes. There will also be 38% more patients with dementia by 2028. The numbers of people over 65 will grow by 12% during this time.

Medicines waste continues to be a serious problem, costing the STP more than £7million. The main causes for this waste include failure to take medicines as prescribed and the issue of more medications than are needed.