



## **Minutes of the Patient Participation Group Meeting held on Monday, 12<sup>th</sup> October, 2015**

### **Agenda Item 1: Registration and badges**

Prior to the meeting badges were handed out to those present at the meeting.

Present: David Lloyd (Chair), Vera Roper, Dorothy Lloyd, Christine Cartwright, Fay Read, Toni Rampello, John Neale, Gordon Lovell, Graham Perry, Nigel Vaughan, Clive Robinson, Gillian Holloway, John West, Sally Watts (visitor), Steve Bates, Mark Pitman, Michael Whitehand, Judith Westell, Monica Catelinet, Jane Hanlon (Practice Manager), Dr Nigel Bunting (GP) and Angela Lovell (PPG Secretary).

David introduced Sally Watts, Chairman of Watling Vale PPG, who asked if she could attend one of our PPG meeting to see how a successful PPG is run. She will also be sitting in on two other PPG meetings elsewhere.

### **Agenda Item 2: Apologies**

Maureen Gladwin and Jan Lloyd.

### **Agenda Item 3: Speaker – Alistair Borland, MBE from Blood Bikers**

Alistair Borland, who is a blood biker, gave us an extremely interesting talk regarding Blood Bikers, a charity funded voluntary rapid response medical transport service delivering blood, platelets, plasma, samples, vaccines, pharmaceuticals, x-rays, scans, donor breast milk and other urgently needed medical items to hospitals. He told us that they are on call from 7 pm to 6 am weekdays with 24 hour cover at weekends and Bank Holidays, including Christmas and New Year, at no cost to the NHS.

David thanked Mr Borland for coming to talk to us and presented him with a donation to Blood Bikers. In addition, many of our PPG members present at the meeting made a donation to the charity.

### **Agenda Item 4: Adoption of the minutes**

The September 2015 minutes were circulated prior to the meeting and were adopted as an accurate record of the meeting.

### **Agenda Item 5: Matters arising**

- (a) **Red House Rovers:** Judith reported that:-
- On 6<sup>th</sup> October, the walkers enjoyed a walk in the Emerson Valley area.
  - We were informed that there is now an educational centre in Howe Park Wood which includes a café.
  - The next walk is on Wednesday, 21<sup>st</sup> October at 2 pm commencing at the Surgery. This walk will be in the Bletchley/Fenny Stratford and Water Eaton area.
  - This will be followed by a walk in Emerson Valley, meeting at the Clock Tower pub, Emerson Valley at 2 pm on Thursday, 5<sup>th</sup> November.
- (b) **Patient Congress:** Steve gave us abridged notes of the meeting on the Patient Congress held on 21<sup>st</sup> September. Please see Addendum for his full report.
- (c) **Horticulture:** Angela updated us on the situation regarding the raised flowerbeds and shrubs at the front of the surgery:-
- Pansies have been purchased and planted in the raised flowerbeds and in front of the shrubs.
  - The daffodils and irises from last Spring will hopefully flower again next Spring.
  - We are leaving the geraniums in the soil until the frost comes as they give some colour.

David said that the raised flowerbeds are looking impressive and good comments have been received from patients.

- (d) **News of future speakers:**
- Our speaker at next month's PPG meeting is Gill Robinson who is Manager of Milton Keynes Community Cardiac Group.
  - Steve asked if we would like to ask Cheryl, a podiatrist who has moved in next door, if she would come and speak at one of our meetings. Steve will communicate with Jan who arranges our speakers.
- (e) **To note any progress with the purchase of the PPG Spirometer:**
- Jane mentioned that the Spirometer has now been purchased and thanked the PPG for funding this.

### **Agenda Item 6: Visits: update on the trip to the Fire Station (Mark) and a report on the visit to Willen Hospice (Michael)**

**Fire Station visit:** - Mark asked us to meet at 6.30 pm outside the back of the Fire Station. He mentioned that there is no disabled access there. Mark was thanked for arranging this visit.

Willen Hospice visit:- Michael read his detailed report on the visit to Willen Hospice. He mentioned that the staff there radiated enthusiasm and all on the visit appreciated the opportunity of visiting the hospice. Michael was thanked for arranging this.

At present there are no further visits arranged.

**Agenda Item 7: Newsletter: to note the publication of the current newsletter and to congratulate Toni on her editing**

- Copies of the current newsletter were available at the meeting.
- All agreed that it was very informative and contributors of articles were thanked.
- Toni was thanked and congratulated on her editing of the newsletter.
- Toni requested that rather than wait until the next newsletter is planned, that we let her have articles on expeditions and activities with photographs which can be used next time.

**Agenda Item 8: Sound reinforcement for those hard of hearing. Graham to report and a report of the discussion with Pauline Jarvis (Jane)**

Graham reported that:-

- His recommendation for reinforcement for the hard of hearing is a sound shuttle which works on either battery or mains electricity. He will give details to the Core Group.
- No details are available regarding a discussion with Pauline Jarvis.

**Agenda Item 9. Guide on using on-line services: Steve and Jan to report on the publication of this guide.**

Jan was unable to attend the meeting but Steve updated us on where we are with this.

- The aim is to show patients how to use this on Monday mornings.
- Hard copies of the instructions are now printed and will be given out when requested by patients.
- A letter is to be sent to Charlotte, Nigel (V)'s granddaughter, to thank her for her initiative in starting off the written instructions.

**Agenda Item 10. News from the Surgery**

Dr Bunting and Jane reported that:-

- Prime Minister's Challenge Fund. This is progressing with 4 practices involved with practices seeing patients between 8 am and 8 pm on working days and half-day on Saturdays.
- Staff changes: From January 2016 a new lady doctor will commence part-time and Dr Oberash will do some locums.
- Consortium: Sixteen GP practices have joined the Consortium plus there are 3 others that have expressed an interest in joining. The surgery had a planning day last Tuesday which helped knit the group together.

- Federation: The surgery are hoping to get a PPG section on this website.
- Laptop computer: Jane mentioned that when they have some money they are considering purchasing a laptop computer which would have a database programme on it. She asked the PPG for their views having this to set up as a PPG database for the secretary to use for communication. When the PPG secretary changes, the laptop would be passed onto the appointed PPG secretary. All agreed this would be good and it will be discussed at our next meeting.
- Raffle: Thanks to all who helped with the raffles by supplying prizes and helping out selling raffle tickets on the flu clinic days. Toni was thanked for organising the raffles.

### **Agenda Item 11. Any other business**

D2A project?

### **Agenda Item 12. Dates of next meetings**

Core Group meeting - Tuesday, 3<sup>rd</sup> November 2015

PPG meeting - Tuesday, 10<sup>th</sup> November 2015

# **Addendum**

## **September Patient Congress Notes**

### **1. Talk by Milton Keynes Cancer Patient Partnership**

This organisation is not a support group for cancer patients but it provides information about support groups and facilities and organisations, which can help them. They produce a booklet which can be provided to all surgeries to give to new cancer patients. This contains a lot of useful information which might otherwise elude patients. It also recognises that carers often need support but may not know where to turn to for help, setting out to meet this need.

The Partnership is recognised locally, does have GP support and does attend local NHS meetings focussing on cancer.

Anyone who wishes to contact them can do so via either:

[suze@suzanstmaur.com](mailto:suze@suzanstmaur.com) or [j.e.newton@btinternet.com](mailto:j.e.newton@btinternet.com)

### **2. PPG Concerns**

- a. Following on from last meeting, Walnut Tree have just had their new contract. They have lost 25% of their income through reducing services so their plan to expand upwards and offer a greater range of services has been cancelled. (This is to do with the PMS or GMS contracts. See 3b later.)
- b. The plan by Newport Pagnell Health Centre to re-open the Willen Surgery has been delayed due to contract issues.

### **3. Reports from Program Boards**

#### **a. Children, Young People and Maternity Board**

Reports were presented on:

Child and Adolescent Mental Health Service (CAMHS),

Caring for Children Closer to Home improvements,

Updates on Child Health and Maternity,

Implications of new legal requirements for Special Needs children

A scoping document on Palliative Care.

Initial details of 2016/17 proposed commissioning intentions were outlined with funding requirements - at present confidential.

The CAMHS group have submitted proposals for how they will spend £445k on this area of work if their bid is successful. This bid was made with very little notice and strict governance and development criteria required.

**b. Care Pathways and Primary Care Board** - The programme for the Prime Ministers Challenge Fund is now ready to go, with the extended hours appointments starting in November, The funding for this only lasts until next March but the CCG has committed to continue it. Six of the more effective trans-formation projects for patients over 75 (funded at £5 per person) are to continue, with an evaluation of lessons learned and plans for further work on how to keep these patients out of hospital.

There was a lengthy report of the financial situation at month five, and though the CCG is underspent the situation appears to have deteriorated, but they still expect to finish with a surplus at the end of the financial year. The Care Pathways Board is overspent in all areas due to "over performance" - such as treating too many patients in hospital to reduce the waiting times.

There are thirteen practices in MK on the PMS contract who now have to decide what they want to do about a change to a GMS contract.

(Anyone wanting to try to understand the difference between GMS and PMS surgery contracts can start at: <http://www.gpvts.info/gmspms.htm> which is a good starter for 10.)

#### **4. Healthwatch**

– a discussion about how a stand at the Healthwatch Exhibition in Middleton Hall on 3<sup>rd</sup> November will be staffed and supported. Any PPG member who wishes to attend will be welcomed. One of the aims of the stand is to encourage more people to take an active interest in PPGs and supporting their surgeries. If anyone would like to visit or sit with the Congress members to encourage PPG participation, they will be most welcome.

#### **5. Diabetes Care Report.**

Two new e-learning modules are being considered to support newly diagnosed Type 2 Diabetes patients.

15 Health Ambassadors are being sought to spread knowledge about diabetes among the BAME (Black, Asian Minority Ethnic) groups.

One Congress member has joined the Diabetes Mortality and Morbidity Project as a patient representative. This is linked to a national diabetes audit.

Still no date set for the commencement of the Multi-Disciplinary Foot-care team, despite good CCG support.

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## **September System Resilience Group notes**

**a.** Signage for the Urgent Care Service within the hospital grounds are clear from one direction but almost invisible from the other. This is being pursued.

**b.** Ambulance service have now recruited sufficient support staff but are facing challenges regarding deployments. They are considering adopting a London trial where resource deployment targets are extended while call-handling staff engage callers on triaging the reason for the call more thoroughly. This is only extending the deployment time from 1 to 3 minutes but has proved successful in reducing unnecessary attendances. In urgent cases deployment will still be rapid.

**c.** There was an explanation of the Crisis Care Concordat =

In line with NHS England requirement, Milton Keynes CCG signed the Crisis Care Concordat Declaration for Mental Health in December 2014. This signing of this declaration was co-ordinated through the Milton Keynes Adult Safeguarding Board and involved a number of partners including Police and the Local Authority.

This declaration supports parity of esteem between physical and mental health care through:

- Agreeing a shared care pathway to safely support, assess and manage anyone who accesses any services in Milton Keynes, for help in a crisis.
- Agencies working together to improve individuals experience and reduce the likelihood of harm to the health and wellbeing of people who use crisis care services, including patients, carers and professionals.
- The establishment of clear and agreed policies, procedures and referral pathways for people in crisis, to ensure the provision of a safe and effective service.
- Ensuring that all organisations who sign the declaration work together and accept responsibility to support service users' recovery and wellbeing, and to reduce the likelihood of future harm to patients, service users, carers, staff and the wider community.

It was noted that there is currently no point of liaison with the hospital, which is now being addressed.

**d.** Planning for winter is on schedule with most activities already being done. Plan has to be approved by 14<sup>th</sup> October.

**e.** Milton Keynes area has a CCG which is one of 209 in England. Each CCG has a System Resilience Group. A 'regional System Resilience Group' is being formed covering the central-southern part of the country. The primary aim is sharing best practice.

**f.** A&E performance (95% of patients seen within 4 hours) is back on target.

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## **Main points from a Discharge to Assess (D2A) Project Working Party on**

**8<sup>th</sup> October, 2015**

The MK Hospital is currently full. Although funding is sufficient this sufficiency only survives if the flow of patients through the hospital is efficient. There is a schedule of 'lengths of stay for conditions' and if this is adhered to (allowing for some medically justifiable extensions) the funding provided is enough. Older patients tend to stay longer and an ageing population is worrying. 30% of all patients over 75 will remain in hospital longer than 11 days, (the longest was 175 days.) 42% of all patients over 75 will stay longer than expected for their condition. People of all ages with mental health issues incur many excess bed days.

Once stable and medically manageable in the community, all patients should go home or to an alternative safe setting. Research proves that patients discharged home sooner recover better with increased well-being. The D2A Project is aimed at discharging patients promptly once there is no medical need for them to be in hospital.

### **Feedback from Participants**

1. Better IT systems so that health professionals can share data quickly and effectively. This can, in some cases, avoid a patient going in to hospital.
2. Improved clarity on documents – one discharge document is 17 pages long!
3. Training so that all staff involved understand the project thoroughly and understand their roles and responsibilities in the project.
4. Improved links with GPs and other health professionals so that all are clear what is happening, what is expected of them, and when, once the patient is discharged. (It is acknowledged that this places increased pressure on Non-hospital health professionals.)
5. Further work is required in mental health cases.

Steve Bates

