



## **Minutes of the Patient Participation Group Meeting held on Tuesday, 11<sup>th</sup> August, 2015**

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

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

Present: David Lloyd (Chair), Stephen Bates, Jan Lloyd, Sheila Dale, Clive Robinson, Gordon Lovell, John Neale, Toni Rampello, Christine Cartwright, Maureen Gladwin (Treasurer), Dorothy Lloyd, Judith Westell, Fay Read, Monica Catelinet, Jane Hanlon (Practice Manager), Dr Paul Staten (GP), Dr Nigel Fagan (GP) and Angela Lovell (PPG Secretary).

### **Agenda Item 2: Speaker: Gill Robinson, Manager of the Milton Keynes Community Cardiac Group**

Unfortunately our speaker didn't arrive. (*Gill Robinson contacted Jan after our meeting giving her sincere apologies. She had been called away prior to our meeting following a 'help' call. It is hoped that her talk will now be rescheduled for our November PPG meeting.*)

### **Agenda Item 3: Apologies**

Apologies were received from Mark Pitman, Gillian Holloway, John West and Nigel Vaughan.

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

The minutes were accepted as an accurate record of our meeting held on 14<sup>th</sup> July 2015.

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

(a) Red House Rovers: Judith reported that:-

- ❖ The walk on 23<sup>rd</sup> July was most enjoyable. Fifteen of us travelled on the Bedford train to the Forest Centre and Millennium Country Park for our walk during which we enjoyed lunch in the café. This was a special outing to celebrate 10 years of Walking for Health. This was followed by a good walk on 6<sup>th</sup> August which again was enjoyable but the number of walkers, 6, was disappointing.
- ❖ The next walk is scheduled for Tuesday, 25<sup>th</sup> August at 2pm meeting at the Fayre and Square Pub at Caldecotte Lake.

(b) Patient Congress Meeting: Steve updated us with the content of the last meeting held on 20<sup>th</sup> July. *Report included - Addendum 1.* He also reported on the System Resilience Working Group meeting for June and July 2015 which he attended on behalf of the Congress. *Report included - Addendum 2.*

(c) Horticulture: An update is as follows:-

- ❖ Angela thanked our members who are watering the plants which is essential as the soil gets so dry.
- ❖ John (N) will provide some mulch which will help prevent the soil drying out so rapidly. He will also let us have some pansy plants later in the season. He was thanked.
- ❖ It was agreed that the raised flowerbeds look colourful and also that the geraniums in front of the bushes look good.

(d) Future speakers: Jan mentioned that:-

- ❖ Alistair Borland, MBE from Blood Bikers is our speaker at our October PPG meeting.
- ❖ Jan mentioned that booking speakers too early sometimes results in speakers moving job prior to the meeting.

(e) To consider the proposals for the PPG to provide items of clinical equipment for the Surgery. Maureen and Mark to report. Mark was unable to attend the meeting therefore Maureen updated us regarding Finance:-

- ❖ £153 has recently been banked from book sales giving us a total of £3,491.43 in the bank.
- ❖ As previously agreed, the PPG wish to purchase an item of equipment for the surgery, possibly a 24 hour blood pressure machine or a spirometer which is linked to the computer costing between £1,300 and £1,400. Jane will find out the current price for these pieces of equipment so that the PPG can make an informed decision.
- ❖ Maureen went through other expenses which will need to be paid, eg the next newsletter, an acoustic system etc.
- ❖ Due to Maureen having taken over from Christine as our Treasurer, we have to set up a new mandate with the building society which is proving not as straightforward as one would wish. Until then there will be a hold-up regarding making payments from our PPG account. Thanks were extended to Jane, Christine and Maureen for their efforts in dealing with this.

**Agenda Item 6: Visits: update on the Fire Station visit (Mark) and the visit to Willen Hospice on Thursday, 24<sup>th</sup> September at 1.45 pm (Michael)**

Visit to the Fire Station: Although Mark was unable to attend the meeting Fay spoke on his behalf. A date needs to be agreed and she will ask Mark to let us have 3 dates, one each on a Monday, Tuesday or Wednesday. We will need to let him know how many people wish to go on this visit and also if anyone has mobility problems. We will await feedback from Mark.

Visit to Willen Hospice: This is scheduled for 24<sup>th</sup> September at 1.30 pm. Michael was unable to attend this meeting but will be at the September meeting to give us an update.

**Agenda Item 7: Newsletter: to receive and approve all of the items for the newsletter agreed at our last meeting**

There was much discussion regarding articles for the newsletter and also suggested additional articles. It was agreed that the following be included:-

- ❖ David: modified version of the Annual Report
- ❖ Steve: Non-Emergency Patient Transport Services - RECEIVED
- ❖ Steve: Patient Congress - RECEIVED

- ❖ ? : Online appointments and prescriptions.
- ❖ Michael: History of Red House Surgery. There is a copy of an old photograph to go with this article – Received hard copy but electronic copy required please.
- ❖ Dr Staten has a list of the GP's who have worked at the surgery since 1815. We all thought this would be great to include and he agreed to this.
- ❖ Judith: Walking for Health – RECEIVED
- ❖ Jan: Loop the loop – In process of being written.
- ❖ Fay, Christine and Angela: Fundraising – in process of being written
- ❖ Dr Ellis: GP appraisals. Jane mentioned that Dr Ellis has agreed to write this.
- ❖ Angela: Information on the PPG, eg what it is about, how does one join and the remaining 2015 meeting dates.
- ❖ Article from Sonal Mehta, our Community Pharmacist, on her role -RECEIVED
- ❖ List of medications which can be obtained over the counter rather than on prescription and which may well be cheaper than a prescription charge.
- ❖ Article from Sylvia reflecting on her experience of Willen Hospice - RECEIVED

Jane has explained the job of Newsletter Editor to Toni and she has agreed to take on this position. Our grateful thanks were extended to her.

### **Agenda Item 8: Sound reinforcement for those hard of hearing. Graham to report**

Graham was unable to attend the meeting therefore there was no feedback regarding this subject. This will be revisited at our next PPG meeting.

### **Agenda Item 9: Guide to using on-line services: Steve and Jan**

The situation is:-

- ❖ Jan and Steve will get together regarding this but need to speak to Nigel to discuss his granddaughter's brilliant document. They have a few suggestions to make to add to this excellent piece of work.
- ❖ Instruction on using on-line services will be given in the surgery and it is intended to let patients have a hard copy guide to use at home if requested.
- ❖ Jane to contact Nigel/City Print.

### **Agenda Item 10: News from the Surgery**

Jane, Dr Fagan and Dr Staten updated us as follows:-

- ❖ Jane informed us that NHS England is awarding a number of small community grants up to £1,000 each. Applications need to be in before 12 noon on 28<sup>th</sup> September and she felt that the work being undertaken by the PPG with regard to the on-line guide and 'buddy' help for using a computer by Steve/Jan may be accepted. Jane was asked to forward the document to David/Steve to progress this.
- ❖ In a regional patient survey we did very well coming 54<sup>th</sup> out of 563 which is an excellent result. Red House was the highest achieving practice within MK. Dr Staten congratulated the PPG for their input into helping the practice gain such a good result.
- ❖ Dr Staten and Dr Fagan explained that the surgery is not accepting any new patients, apart from new babies born to mum's registered at the practice and any adoptions, as the number of patients has reached capacity and now stands at 14,000+. The numbers will probably fall by about 1,000 a year and after a year the situation will be reviewed. A PPG member who has foster children asked if her foster children could be registered at Red House Surgery. She was informed that this isn't possible. The children would need to be registered at another practice.

- ❖ Dr Fagan mentioned that many medications could be purchased from a pharmacy at a much cheaper price than on prescription. He gave some examples of these. He mentioned that Pharmaceutical Advisors, for example Bhervi in the chemist next door, are very qualified to advise on this subject. Also mentioned was the work undertaken by the Community Pharmacist who is employed by the CCG to work with practices to improve pharmaceutical care of patients.
- ❖ The doctors were asked what percentage of patients with booked appointments did not show up. We were told that the numbers were very low, only approximately 1% or 2%.

### **Agenda Item 11: Any Other Business**

David read a letter received from Willen Hospice thanking the PPG for its donation.

David reported that he had written to Iain Stewart, MP, regarding the surgery's possible purchase of the next-door property but to date has received no reply.

On behalf of the PPG, David has written a letter in support of Belinda's application for continued physiotherapy funding.

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

Core Group meeting	-	Wednesday, 2 <sup>nd</sup> September, 2015 at 12.30 pm
PPG meeting	-	Wednesday, 9 <sup>th</sup> September, 2015 at 6.15 pm

## ADDENDUM 1

### Notes Re. Patients Congress Meeting, 20/7/15

Guest Speakers. Talk on the current position of the Referral Management System guest speakers Asma Ali and Stephen Nall.

Mike reported that following the approval of the Congress Terms and Conditions he circulated them as agreed.

PPG Concerns – postponed due to item 5 which took longer than expected.

Two members reported their concerns about the lack of consistency about Program Board and meeting data confidentiality. The fact that each board appears to be able to manage its data as it sees fit as opposed to one set of uniform standards.

The Community Cardiology service pilot is coming to an end and Congress has been invited to nominate a representative for the Steering Group for the tendering process for the new service contract. This will be demanding and time consuming for all involved. Carolyn's husband who is a PPG member who has experience of this type of activity will be invited to represent Congress.

Healthcare Review – Nothing to report.

Healthwatch – Paul and Mike have had a further meeting with Healthwatch and they report that the relationship is continuing to improve with increased understanding between Healthwatch and Congress on their respective roles.

#### Prime Minister's Challenge Fund

A number of those present had attended a workshop on 2<sup>nd</sup> July run by the Project Manager Graham Ball. His work is preparing how the £1.4m allocated will be spent. The workshop was to invite people from a variety of local NHS support organisations to consider and express their views on the proposed plans. Those present included GPs., Surgery Managers, and Healthwatch and PPG members, etc.

The proposals are quite well advanced though they acknowledge there will be a 'make it up as we go along' attitude which has to be flexible. For example, surgeries from Phase 1 of the fund which have set up appointments for early mornings at weekends have had a high rate of 'did not attend', particularly on Sundays. If that does happen here the plan will change as we cannot afford to waste GP and other health professional time.

Speakers at future meetings – August = Sandra Vanreyk on Diabetes Service, and September = Cancer Patient Partnership. Both agreed.

Steve Bates

## ADDENDUM 2

### Notes From System Resilience Working Group for June and July, 2015

1. Terms of Reference for the System Resilience Working Group is being re-written. Pending.
2. The Emergency Care Intensive Support Team, (ECIST) Report is being presented to System Leaders. Copy will be made available to members.
3. The NHS has changed to an agreed data standard to allow fair comparison. Data will in future be presented for each calendar month.
4. Jan Wood reported on the Getting People Home Program which has just started. This is recognized as one of the main NHS challenges as each delayed discharge incurs unnecessary costs and blocks use of that bed for new cases. A new process model called Discharge to Assess (D2A) has been introduced for patients who no longer need acute care. This process will be included in the daily System Resilience phone conference and it involves the Ambulance Service for transport assistance where necessary. So far 16 patients have been through this new process. Only one patient returned to hospital later but this was for something entirely unrelated to the initial admission.  
(This project is part of the response to the ECIST report which found that too many people are involved in assessing when a patient is ready to be discharged, and that each had a different understanding of the patient's needs. ECIST recommended that one person should be involved with a patient shortly after admission, then subject to review, that one person should follow through until treatment is complete and arrange discharge with appropriate support, etc.)
5. John Blakesley (Dep. CEO of MK University Hospital) gave a short presentation pointing out a number of disturbing facts and projections into the future. These included:-

Respiratory complaints are growing at an alarming rate yet there is no work being done to investigate the causes or deal with the problems caused.

Hospital admissions tend to go in cycles which appear regular but with no obvious causes. It is likely that MK admissions will reduce after August, 2015 if the cycle continues.

The population of Milton Keynes is growing, and growing older. Older people do tend to need increased medical care despite steps to help them improve their health and mobility. Deaths per 1,000 of population have been growing steadily for the last few years and currently stands at 1.6 per head of population. By 2037 it will have increased to 2.8 if current trends continue. This projection could have serious consequences.

John continued, pointing out that most MK residents assume that we will continue to have a hospital and that it will grow to deal with MK problems.

This may not be the case and if it cannot cope there could be some serious challenges/consequences for the future.

Nicola Smith (Chair of the Healthcare Review) observed that this data should be taken to the Healthcare Review.

## 6. Performance

A&E Activity – Both major and minor cases have remained stable through April and May but June saw an increase to over 7000 total attendances.

Urgent Care Service shows a steady attendance of about 5,250 per month.

Ambulance Service – steady over last three months about 1600 cases conveyed to MK.

Emergency Admissions – steady over last three months about 1600 per month. A&E 4 Hour Wait has been on target or just over target for two months.

Trolley Waits from 4<12 hours down to under 100 in June.

Ambulance Hand Over times <30 minutes to > 60 minutes are about 55 per month.

Delayed Discharges – occupied beds of available stock (Refer back to item 4) shows MK had over 8% beds unnecessarily occupied in May, June about 9% and possibly worse to come.

7. Prime Minister's Challenge Fund – The £1.4m allocated to the MK Plan should have become available by the end of June.

8. Despite an increase in Paediatric cases the MK Closer to Home for Children and Young People project should improve facilities and allow more cases to be treated in MK.

Steve Bates