



### PPG Meeting, 10<sup>th</sup> June, 2015

1. Present: David Lloyd, (Chair) Angela Lovell, (Secretary) Maureen Gladwin, (Treasurer), Dorothy Lloyd, John West, Sheila Dale, Gillian Holloway, Clive Robinson, Toni Rampello, Michael Whitehand, Sylvia Ellwood, Nigel Vaughan, John Neale, Mark Pitman, Gordon Lovell, Jane Hanlon (Practice Manager), Dr. Nigel Bunting (GP), and Dr Lucy Marchand (GP).
2. Apologies: Rosi Shunmoogum, Sam Shunmoogum, Judith Westell, Jan Lloyd, Monica Catelinet and Christine Cartwright.
3. Speaker – Joanne Burgess, District Nurse Manager.

Joanne manages all of MK's District Nurses from the Neath Hill surgery. Her staff cover the periods 9-5 and 7pm to 2am delivering a wide range of services to patients in their own homes. The main tasks involve dealing with treatment and dressing of wounds; end of life care; injections; re-bandaging; catheter changing, etc. etc. They also deal with the removing of chemotherapy delivery systems, the flushing of treatment lines where required and deliver intravenous antibiotics. Many of the above would require hospital visits and sometimes involve the patients being admitted to a hospital.

Altogether Joanne has 11 teams of District Nurses who together deal with between 11,000 and 14,000 home visits per month. They generally work from GP surgeries, sometimes covering work from a number of smaller surgeries.

Visits are agreed with patients to fit into a 2 hour window. Each patient has a folder showing their conditions and current treatment regime so that any medical person who visits can be fully briefed if required. Occasionally relatives deal with the patient's needs after liaising with Joanne's staff.

Access to the District Nurse service can either be by referral or by direct approach. They do have a close relationship with other medical service providers and also with Social Services.

The service can create considerable stress in some cases and Joanne can provide appropriate support and counselling for the nurses if required. Some conditions predispose patients to being aggressive or even violent in some cases. This, like pets, has to be managed professionally, though it is likely that at least one District Nurse will be the victim of a dog bite each year when patients are being treated in the presence of their pet.

The District Nurse service, like Care in the Community, provides a foundation for the NHS to build a system whereby fewer patients are admitted to hospital but still get the care and attention they require.

4. The Minutes of the May meeting were agreed.

David welcomed Gillian Holloway as a new member of the PPG.

5. Matters Arising:

- a. Red House Rovers – The numbers increased to nine for the last successful walk.

Next walk – Wednesday 24<sup>th</sup> June, a walk round the Manor Farm area.  
Meeting at Red House at 1400 hours.

- b. Patient Congress Update -Steve's report from the May meeting of Patient Congress is attached, coupled with appropriate responses from Jane.

- c. Horticulture - John Neale, with the help of Gordon, has repaired the brick planter and suggested the surgery protect the planter with a steel post to avoid further damage. Angela and Gordon have planted some more geraniums and ask that all consider watering the planters when visiting the surgery, please.

- d. Suggestion – Following the AGM it is clear that the PPG does have some funds available. Mark Pitman has suggested that we consider two purchases.

- i. A 24 hour Blood Pressure monitor will reduce waiting times for the one currently used by the surgery. Such a monitor provides a 24 hour picture of a patient's blood pressure while in the comfort of their normal surroundings, which is a much more reliable indicator of possible problems than a one-off test at a surgery, however often taken.

- ii. A Spirometer which measures a wide range of respiratory conditions including Asthma, chronic lung disease, etc. etc. The surgery already has a simple spirometer, but would very much like to have that links directly to patient records

Both would be welcomed by the surgery. Suggestion referred to Maureen (Treasurer) for consideration.

6. Visits – John Neale asked for someone to take over the arrangements for the visit to the Fire Station. Mark Pitman volunteered.

The Canal Boat Trip John mentioned at the last meeting was unfortunately fully booked. It may be possible to organise one in August.

Michael confirmed that a visit to Willen Hospice is being arranged for a group of five. Planned for Thursday 24<sup>th</sup> September at 13.45 hours.

Members were reminded of Jane's circulation of information about the visit to the Path Lab. at the hospital from 1700 to 1900 hours on 16<sup>th</sup> June.

7. Newsletter – suggestions for entries so far:

Edited highlights of the Chairman's report for the AGM.

Jan Lloyd's Looping-the-loop sponsored to raise money for Willen Hospice. Gordon has some photographs of the event.

Michael's report on the early years of this practice.

8. National Association of Patient Participation Meeting – a report from Angela is attached.

9. David reported that a suggestion to install some acoustic tiling in the meeting area was not supported so he had made some enquiries at Maplins. They have a simple radio microphone which works with a small receiver/ amplifier/ loudspeaker. All operated from rechargeable batteries so no trailing wires would be needed. Sheila gave some valuable insight and this matter will be further investigated.

10. News from the Surgery – A potential GP was interviewed yesterday with favourable impressions all round.

A receptionist left yesterday.

Dr Bunting has been appointed as vice chair of the local Prime Ministers Challenge Fund work.

11. AOB – David thanked Nigel for the work he and his grand-daughter had done preparing a very clear and useful guide to help people get access to the internet and access 'On Line Services'. A number of suggestions have been made and the guide will be pilot tested by members. Steve Bates and Jan Lloyd agreed to collate all pilot test feedback and to edit the draft accordingly. It was agreed to drop the term 'Silver Surfer' from the title as the content would be relevant to patients of all ages. '

12. Dates of Next Meeting

Core Group Meeting - Tuesday, 7<sup>th</sup> July 2015

PPG Meeting - Monday, 13<sup>th</sup> July 2015

There are two additions

Steve's Congress report which is attached and Angela and Gordon's NAPP report (separate sheet)

## Notes regarding Patients Congress Meeting of 18<sup>th</sup> May, 2015.

### PPG Concerns

a. There was a query about the position regarding texting of appointments to patients. Apparently this activity is part of SystemOne and is expensive. MK CCG has instructed that the process is stopped due to the cost. Several members spoke in favour of the system referring to the relatively high number of DNAs (Did Not Attend) experienced by some surgeries. Others observed that without a mobile phone or internet access this system fails, and it is mainly the elderly who will be in this position. (Further investigation continues.)

b. One member pointed out that patients at his surgery are having to re-register by June to continue to use SystemOne for Prescriptions, appointments, etc. It was pointed out that Bedford Street and Furzton Surgery was one of the first to introduce SystemOne and that other early joiners had had to do this already so it was probably just a case of the system being upgraded.

c. It was reported that all patients over 75 are being invited into Parkside Surgery. They are having a comprehensive (one hour) health check and are then presented with a file showing any ailments or conditions; all current medication; and advice which can benefit their particular circumstances.

Jane comments - The work undertaken at Parkside for over 75 checks was undertaken as their transformation scheme. All practices had the opportunity to bid for funding which would help with reducing hospital admissions in patients 75+ years. You may remember that Red House undertook some work along with Whaddon Medical Centre. We concentrated on a variety of different issues but we are inviting over 75s who haven't been seen for 12+ months or those bereaved in the last 12+ months to come for a basic health check with our HCA.

d. A member from Stony Stratford queried the self-administered Blood Pressure monitors in surgeries. How hygienic are they and how frequently are they calibrated?

Jane comments – The machine gets wiped regularly on the outside and the touch screen is cleaned daily. There are disposable sleeves which can go inside the unit but these are extremely expensive and the GPs did not feel that they were warranted as it is no difference to the cuff being used by the machine on the doctor's desk. I believe you can buy new cloth cuffs if necessary.

All of our machines (BP and other medical equipment) are calibrated by an outside contractor annually and we have certificates to show what has been done. (Some equipment has more frequent calibration-and QC checks)

The Care Pathways Programme Board is to submit a proposal to purchase a number of Blood Pressure/Atrial Fibrillation monitors. The proposal amounts to one for every 1000 patients and this will cost the MKCCG £3,900. With the NHS desire for more patients to be treated in their own homes, providing Blood Pressure monitors is a sound investment as long as they are good quality and properly calibrated at appropriate intervals. Some Congress members have their own monitors – can surgeries calibrate them?

Jane comments - We are not able to calibrate patient equipment. It takes two men a whole day to undertake the surgery calibrations and we pay per item. It is a huge expense

2. There was a discussion about the Terms of Reference for Patient Congress. The current T of Ref. had been circulated and two members had circulated some suggested changes. Recognising that there were too many present to allow fruitful conclusions, a small sub-group agreed to meet to thrash out some new T of Refs. for discussion at the next meeting.

Final comment – Due to the nature of some of the above I shared the report with Jane in advance so that the meeting would have a balanced view presented. I believe that this provided a better outcome for the members. I hope you agree.

Steve Bates

## **N.A.P.P. 37<sup>th</sup> Annual Conference, 6<sup>th</sup> June, 2015**

### Really Putting Patients First - Practices and Patients working together

This Conference was attended by Angela and Gordon Lovell, representing the Red House Surgery PPG.

The Conference was opened by Dr Patricia Wilkie, NAPP Chair.

This was followed by a Keynote presentation entitled “The essential role of PPG’s in enabling records access and understanding”. This was taken from the experience of Haughton Thornley Medical Centres and given by Dr Amir Hannan and Marilyn Gollom.

This was followed by a presentation by Dr Peter Swinyard, Chair of the Family Doctors’ Association on NHS post-election/and implications of Federation.

The day was then split into 4 workshop break-out periods:-

PPG’s getting heard beyond the GP Practice. The facilitator for this was Mr Paul Devlin, NAPP Chief Executive. Attended by Gordon. The idea behind this workshop was to obtain ideas of how to get the PPG interest into other organisations within the local area.

A practice health champions approach. The facilitator was Helena Hughes, Head of Operations, Altogether Better. Attended by Gordon. This was to encourage the voluntary members of practice PPG’s to work with the practice staff and practice GP’s to improve the services that the practice offers so that this can help to meet the health needs of the patients and the wider community.

PPGs: The patient community, recruitment, communication and social media. The facilitator was Beverley Brooks, NAPP lead for public relations and marketing. Attended by Angela. During this workshop PPG’s were encouraged to work with other organisations, eg youth clubs, youngsters wanting to work in the medical world, ie college students etc. to recruit young members to the PPG. It was also discussed how digital media and social networks, ie Twitter etc can be useful in this endeavour and that there is a need to keep up with the times. Open days and awareness campaigns were also mentioned.

Patient records: Summary Care Records (SCR). Patient access to records. The facilitator, Dr Andy Carr, Health and Social Care Information Centre. Attended by Angela. We were told that as part of the NHS National Programme for IT the summary care record is an electronic patient record. The NHS patients’ data is now held on a central database covering England. 54.5 million people in England now have SCR which covers 96% of the population. 7,500 GP practices have created records. It was mentioned that patients should have access to their records to enable them to manage their health better and mention was made that GP’s could use a swivel screen so that they can discuss and show the patient their health record.

### Presentation of the N.A.P.P. 2015 Corkhill Award for the most successful PPG for the year

This was open to all PPGs with a good response. (*Red House Surgery PPG didn’t participate*).

The winners were North Cardiff Medical Centre PPG.

They have had a new purpose built medical centre due to the fact that their previous premises was caught fire. The rebuild enabled them to build an additional floor giving them more space. Some of the activities they have done in the past year are:-

They have a young persons health forum.

Visited schools.

Organised workshops on sex, depression etc.

Had art exhibitions.

Invited 2 youngsters from a school council to the PPG.

Had IT assistant in the surgery to show patients how to get on line.

Summary: Closing comments by Conference Chair, Professor Sir Denis Pereira Gray, OBE, FRCP, FRCGP, FmedSci

Overall impression of the conference:-

It was well organised and the venue was excellent.

Interesting to speak to other PPG representatives to see what they are doing. Their problems seem to be similar to ours for example getting health as an issue over to the younger section of the population.

It was interesting to listen to the speakers and be involved in the break-out sessions.

We as a PPG need to communicate more with other PPG's to see how we can improve and assist each other to get more patients involved and to encourage them to think more about their health now and in the future.