

PATIENT PARTICIPATION GROUP

Old Coulsdon Medical Practice

Minutes of the Meeting held on Tuesday 14th May 2019

at Old Coulsdon Medical Practice

Present: Brenda Quelch-Brown (BQB), Tom Harrison (TH), Richard Hoffman (RH), Derek Bird (DB), Maureen Levy (ML), , Agah Hassan (AH), Neil Singleton (NS) Arif Ladha (AL), Karen Birbeck (KB), Jenifer Hanan (JH),

Agenda Item	Details	Action
1.	Apologies for absence , Denise Fonseca (DF) Geoff Bell (GB), Anne Millar (AM), Dr Sharon Thanan (ST) Non-attendance: Jean Baguley (JB),	
2.	Minutes of meeting held on 18th March 2019 Agreed	
3.	<p>Matters Arising not included as Agenda Items</p> <p>KB queried electronic prescription service and whether local pharmacies offer this facility. BQB agreed to check with local pharmacies and inform at the next meeting.</p> <p>KB expressed interest in the dog walking service. BQB advised that this would be a weekly session for approximately 2hrs. KB would only be available at the weekends. BQB to speak with Jennine, social prescribing team leader and will advise KB of outcome.</p> <p>TH queried whether any progress had been made to enable patients to book two or more appointments in advance online. AL noted that this has not been finalised yet. As part of the GP contract practices will have to offer 25% of their total appointments online by 1st July that will permit patients to book more than one</p> <p>appointment online. Guidance from NHS England is awaited that will outline what needs to be done. Appointments will not necessarily be only GP appointments but may include nurse appointments. However, the practicalities of nurse appointments</p>	<p>BQB</p> <p>BQB</p> <p>AL</p>

	<p>online needs to be looked at carefully as they have a variety of clinics, and it has been known that some patients may have booked into the wrong clinic.</p> <p>Hospital Discharge – BQB had briefly spoken to Nnenna Osuji at CUH and had also written to express concern about hospital discharge procedures not being carried out correctly with particular emphasis on care packages not being put in place prior to discharge. BQB had been advised that these issues are of concern and that very often this is down to lack of communication. ML had experienced similar having recently been discharged from Epsom. BQB had not been able to give patients names as they had not given written consent.</p>	
4.	<p>CPR date to be agreed</p> <p>Agreed at 26th June 19.00. Course to take place at upstairs meeting room unless waiting room frosted windows have been fitted.</p>	RH
5.	<p>Summer fair Saturday 6th July</p> <p>Preparation for the fair -</p> <ul style="list-style-type: none"> • Exhibition Photos of Social Prescribing Initiative. • AL to provide Pop-Up Advertising Banner. <p>DF & BQB will be manning stall at the fair. Possible volunteers also include JH, DB, AH & NS. BQB to organize a rota as before</p>	<p>AL</p> <p>BQB/DF/JH/DB/AH</p>
6.	<p>Spring presentations – Dr Thanan’s presentations</p> <p>Menopause presentation 15th May. BQB – despite the publicity only appears 18-20 people attending. Advertised in several areas. Decided to present in Heath Room as smaller than Cameron Hall.</p> <p>Carer’s Presentation – Amy Deakin Communications and Publications Officer at the Croydon Carer’s Support Centre, approached Dr ST about a presentation for Carers. However, Dr ST felt it needed to be presented across the network. Paying for venue then became an issue – Christ Church Purley was</p>	

	<p>selected along with Cameron Hall. The Social Prescribing team was approached – they replied it would be fine but wanted to discuss the way forward. Nothing yet decided. BQB stressed that although social prescribing involved it is PPG/OCMP initiative. Both presentations will take place in July at Cameron Hall and Christ Church. Purley Cancer Support to be invited and an expert Carer will discuss her experiences. Venues and costs to be confirmed. £400 has been requested by BQB – Christ Church, Purley may be costly but is a good venue for access and parking etc.</p>	<p>BQB</p>
<p>7</p>	<p>Update Social Prescribing Projects</p> <p>After 5 months discussions with Jennine Bailey the dancing will resume this Friday 17^h May at the Methodist Church Coulsdon Brighton Road. Virtual Group have been advised and leaflets to be printed.</p> <p>Men’s group piloted a fortnight ago. No leaflets produced so it couldn’t be promoted. Will be launched 13th June.</p> <p>Tea parties going well. Next one this Saturday 18th May. The Cup Final live screening might reduce numbers.</p> <p>Dog walking not yet started.</p> <p>Craft class. JH took material to class. Seems to be going well. BQB and JH both said it was going well.</p> <p>Some patients are being referred by Doctors.</p> <p>Jennine Bailey Asst Community Development Leader responsible for Social Prescribing had mentioned that she thought that it was difficult for GPs to explain to patients about Social Prescribing. She differentiated between Thornton Heath and Old Coulsdon. In Thornton Heath 2,000 patients involved in social prescribing but it is different at this end of the borough.</p> <ul style="list-style-type: none"> • Perhaps here patients find things to do themselves and there might be more activities here. • JH asked which activity and exercises are involved for the 2,000 residents. BQB responded that at Thornton Heath there are child related activities as well as exercise. 	

	<ul style="list-style-type: none"> • BQB stated that we have exercise classes here and Purley. • JH noted that Thornton Heath is a more condensed area and might be easier to travel by foot or bus. • AL observed that the demographic is very different between the two areas. <p>BQB expressed a concern that social prescribing will tail off due to lack of interest. AL noted that the landscape is changing – social prescribing will remain in a changed form with a different name. But removing isolation and loneliness is an aim that will persist and will attempt to be a success, such as via tea parties etc.</p> <p>AL noted that there will be a form of Social Prescribing but will change its description. Name may be inappropriate – it is not a prescriptive service and not medical. There is also an assumption of GP involvement – DB had an experience of someone anticipating GP attendance. JH noted that purpose is not medical and BQB agreed that patients cannot expect GP attendance. ML noted that one aim of social prescribing is removing the burden from doctors so cannot expect a doctor to attend. It would defeat the object.</p> <p>The main aim is to combat loneliness and isolation and meet different people. BQB noted that they want to meet and chat. ML noted that the older participants also enjoy a sing song.</p> <p>BQB had also mooted the idea of a quiz. It will include some locally based questions – but will recognize that not all attendees will be Coulsdon based. She also hoped to attract special guests for the event which will take place in June.</p>	
8	<p>Primary Care Networks</p> <p>BQB had emailed separately the document on primary care networks and this had been outlined in the previous PPG meeting by Dr SR.</p> <p>AL stated that there was no further update. He asked if people understood Dr SR explanation and read relevant extracts from previous minutes.</p>	

PCN lead is different from social prescribing. PCN is formulated via discussions within Croydon. Practices form a PCN together and make their own choices based upon relationships and synergy. The selections are submitted for consideration and approval by NHS England. The population of Croydon will be covered by a number of practices with 30,000 – 50,000 patients per network.

The group featuring OCMP is still under discussion but is likely to include Woodcote, Bramley Avenue, Mitchley Avenue, Selsdon and us. Our PCN will number approx. 50,000 (50,078 registered patients to be exact). Date of submission 15th May. Will be discussed and agreed for commencement in July.

BQB expressed surprise re inclusion of Selsdon. Selsdon go with New Addington? AL explained that it is practices who have worked together and have cohesion. Practices with good relationships. ML also noted that Selsdon's inclusion has logic because it used to be Coulsdon Downland. AL agreed.

AL noted that PPGs will be an integral element of the PCNs but at this point tight deadlines mean that actions have to be taken quickly. By July we will be in a better position to understand where we are and how it will all work.

The aim of a PCN is to deliver services to a group of patients according to their needs. PCNs differ depending on demographic. So as noted previously Thornton Heath will differ to Coulsdon etc.

ML noted CCG mergers – we will soon have a single large CCG. Represents major changes to CCG. AL does not know details as to how new CCG will work with CUH and PCNs. Fluidity in what is happening at present. Nothing set in stone. Networks, CCG & Hospital relationships – all merging, growing, changing. Different projects and changes – aim is for one big happy family by the end of this.

AL noted that PCNs will be set up nationally. London differs only because all PCNs will represent at least 30,000 patients.

AL – PCNs only work if practices have formulated off their own back. Cannot be forced. PCN – needs of our patients. Practices work together – only works if they share common goals. OCMP worked well in the past with Selsdon. Woodcote known. Bramley & Mitchley –

	<p>smaller practices but aim is for potential synergy. Smaller practices more vulnerable so a measure of protection for them in a larger network.</p> <p>AL – including all Purley practices would have made PCN too big. It is anticipated that Moorings in Kenley, Parkside & Keston will be included as a separate PCN (totaling just over 30,000).</p> <p>AL - PCN manages needs of patients with economies of scale discussing with CCG & NHS. Use data to manage and generate best patient results for each PCN. AL offered to lead PCN in terms of managing. AL driving it forward. NS noted that AL in strong position to drive forward and volunteer OCMP to lead PCN.</p> <p>AL - In future PCNs may merge and expand further. Aim for GP practices to take ownership, support each other etc. Not for CCG to rule from above. Smaller practices supported by PCN. ML queried whether this would result in more money for OCMP? AL replied that there may be recycled money.</p> <p>ML noted that the aim of Doctors in NHS taking control and directing, as opposed to administrators, would be beneficial. AL agreed.</p>	
9	<p>Practice Update - SR</p> <p>Building works completed – just peripherals remaining. Snagging etc. Noticeboard, signage. BQB asked where the PPG noticeboard going to be placed. AL to advise.</p> <p>NS – Surrey Physio. AL – discussions that Surrey physio will no longer be attending at OCMP but AL will have to procure other NHS services instead.</p> <p>BQB – queried whether Gynaecology services would move to OCMP? AL no idea about this but he advised that we are a hub and services may in the future be routed to OCMP.</p> <p>ML – First physio 17th June – one month away. AL queried whether this was via Connect Health? ML had instead been directed to Keston medical practice. ML queried whether physio at Keston (run by Connect) was same as Purley? AL unsure and asked ML to query further as OCMP had been not involved.</p>	<p>AL</p> <p>ML</p>

10	Any Other Business BQB – attending PPG conference in June. Chelmsford.	
11	Dates of next meeting: Future meeting dates Monday 17th June Tuesday 16th July; Monday 16th September Tuesday 15th October; Monday 18th November	