PATIENT PARTICIPATION GROUP

Old Coulsdon Medical Practice

Minutes of the Meeting held on Monday 16th July 2019

at Old Coulsdon Medical Practice

Present: Brenda Quelch-Brown (BQB), Richard Hoffman (RH), Derek Bird (DB), Jenifer Hanan (JH), Denise Fonseca (DF) Geoff Bell (GB), Dr Sam Randle (SR) Neil Singleton (NS) Arif Ladha (AL), Maureen Levy (ML) Agah Hassan (AH)

Agenda Item	Details	Action
1.	**Apologies for absence**: Tom Harrison (TH), Anne Millar (AM), Karen Birbeck (KB)	
2.	**Minutes of meeting held on 17th June 2019** Agreed	
3.	**Matters Arising** None	
4.	**Feedback** <u>CPR Session</u> Should have been 12 people inc JH KB and Councillor Bird, Total of 9 instead. DF, DB & GB all stated that the session was good. DB asked how Sophie - who attended the course – had heard about the session – BQB advised that she heard via Virtual Group. <u>Summer Fair</u> Went exceptionally well. 43 attendees took the BMI test; 7 asked about joining the virtual group; 3 asked about the carers group; 1 patient attended an event on 15th; 1 attendee asked about registering at the practice; 2 expressed an interest in activities; 1 asked about work experience (not possible though). DB asked about the 43 BMI participants – DF/JH responded that none were obese and many on the cusp of normal weight, just slightly overweight. Next year's fair is on 4th July <u>Carers Event</u> Per BQB worst event ever. Social Prescribing Team (SPT) partly to blame. Only 11 attendees including presenters. Four speakers organized by BQB. 1 expert carer was excellent as was the presentation by Cancer Support Group. • SPT have the budget for publicity – complained to SPT rep (PM) that posters required ASAP. • PM sent draft – no mention re OCMP. BQB advised that this event was at request of OCMP and initiated by OCMP GP. • SPT expected OCMP to print posters despite their having the publicity budget. • BQB complained about the publicity material being badly designed. • All practice managers should have been asked to send details	

	of the event to carers but given only 11 attendees this clearly never happened. Jennine Bailey advised BQB that whenever there are organised carers meetings there are negligible attendees. BQB would have preferred that this event was in our area as originally planned, rather than across the network, as the Soc.Pres. Team then got involved. <u>PPG Network</u> Some PPG Chairs expressed concerns over Primary Care Networks. BQB disagrees – thinks it will be beneficial not detrimental. Other Chairs think PPG will no longer be required. AL – clarify re PCNs. Group of practices working together. Ours is SPC Health PCN 50,000 population. 5 practices. NS queried respective population numbers. AL set out approximates as OCMP 16K, Woodcote 15K, Selsdon 11K, Mitchley 4K, Bramley 4K We as a practice within PCN still hold our own contract including PPG. Development of PCN will not abolish PPG. Going forward, AL suggested it will be beneficial to – in loose sense of word – merge i.e. mix. PPGs to work together rather than merge. No remit for PPGs working together but as practices we need to think outside the box as to how group of practices work together, so PPGs are a component of that. We have a very active PPG, others are less proactive, sometimes virtual or negligible. PPGs are now a collective voice for our PCN of 50,000 residents. We should be a leading PPG going forward as we are now. BQB queried why we are joined with Selsdon who have an inactive PPG. BQB as a PPG member since 2013 had never heard of links with Selsdon. Mitchley & Bramley PPGs are also not active. Woodcote do have a PPG and are more active than others in the borough. Per AL - OCMP as a practice does generally work with Selsdon closely and has done in the past. Working closely means shared learning and ideas on delivery patient care. Each practice holds its own NHS contract for which there is a requirement to have a PPG in place – be it physical, virtual or otherwise. AL expects that those who do not have active PPGs to start becoming active. To achieve aims of PCN all practices should work together and that should include PPGs. <u>Social Prescribing (SP)</u> ML asked about social prescribing in South of Borough using our own budget. Her view is that funding goes to practice where SP is based (Thornton Heath). ML argued that funding should be area based. BQB – deprivation more in North of the borough but pockets throughout the borough. ML again stressed that we do not receive our share. AL clarified the situation – within what was the old set up of the Purley Network including us as one of 7 practices (our PCN practices + others) we do receive SP funding. Those 7 practices do receive SP via our Purley Network. Thornton Heath supports Purley Network to get SP up and running. BQB queried whether 23,000 patients actually use SP in Thornton Heath as has been stated, believed it to be an incorrect figure. AL -	

	Advised by Brian Dickens and his team and no reason not to accept these figures. AL – feedback to SP that publicity etc was not as successful as anticipated, but their expertise & knowledge kicks started the SP Initiative in Purley Network. It continues to be work in progress. SP at Thornton Heath has been going for several years – no other networks apart from Thornton Heath & Purley Network have started SP. We (Purley Network) entered late and therefore are still ramping it up. Problem is that we are bombarded with too many SP activities, barely getting our heads round those that have begun. We have asked that on an ongoing basis we will let each new initiative become embedded before the next one is given to us. Need GPs to buy in and be able to fully support and signpost but much easier if initiatives are introduced gradually. We are in infancy vis a vis SP compared to Thornton Heath. We do have SP – posters, sheets in consulting rooms, GPs have something to refer to if benefits a patient. BQB suggested a further problem with SP team – GP has 10 minutes and so has not time to discuss SP in detail. That's why we need to inform receptionists etc so they can signpost. Care connectors – come into GP practices and support & signpost. Care connectors for Purley Network practices are looking to be introduced. A paid role. GP directs patients to care connectors. They have knowledge etc. A bit like Lauren's role (now she is on Maternity Leave) at OCMP. ML noted that many old & lonely people in South of borough but resources focused to North. NS asked who controls the release of the budget for Purley Network? AL confirmed that it was him which was appreciated by attendees. NS noted that the SP team was 4 paid employees in the North of the borough. AL - They do also get paid from the Purley Network budget for the support they give to the Purley Network Practices. It was noted there appeared to be more volunteers in South – out of kilter. DB asked if SP was political but AL said not. ML stated that admin of NHS and CCG is improving but a budget in South of the borough is better placed with AL. AL noted that he only holds funds and pays as directed. BQB – 19 receptionists & admin staff have graduated from GP training hub to become medical assistants reducing the burden on GPs. AL confirmed he believes that this is the initiative of primary care navigators – support GPs, signpost etc – development of that role together with knowledge that not everything requires a medical intervention has led to social prescribing etc. Primary care navigating within Woodcote to have 2 staff doing this. Lauren at OCMP fulfilled this role – signposting etc – but now on Mat Leave. Medical assistants etc are the primary care navigators.	
5.	**New PPG Initiative – Patient Experience** BQB set out initiative as outlined last PPG meeting. Northern practice who used PPG to deal with queries/complaints and determine the patient experience was perhaps more useful than a survey. A	

	nominated PPG member would be situated in the practice to ask patients as they leave (following open surgery or appointment etc) if they would like to discuss their experience in confidence. BQB suggested that we begin this initiative in September. Appropriate day/time to be agreed. Within the Lancs practice this worked extremely well. GB asked if the questioning would be underpinned by bullet points and guidelines. AL stated that surveys should continue to enable feedback. BQB advised that PPG survey is conducted every 2 years. AL agreed that we should continue survey every two years and so the patient experience initiative does not replace this. Infact it demonstrates that we are using all forms of engagement. AL noted that hopefully experience feedback is positive as well as possibly negative. AL noted that as this is a new concept BQB should discuss with the Lancashire practice – implementing a version of what they did. It might be that the feedback consists simply of a note of 5 smiley faces from good to bad. Smiley faces highlighting a bad experience could then be followed up by Practice Manager (AL). Per AL. Friends & family survey is captured regularly – NHS test. Complaints procedure followed up by AL. This indicates that approx 90% patients are happy or very happy and a minority 1-2% unhappy. Sometimes bad feedback is unavoidable, e.g. Waiting times can be an issue for some people but at open surgery waiting is sometimes unavoidable. DB queried whether a source of complaint is the GP being focused on screen all the time and referring to Google – lack of eye to eye contact? Not an issue per AL. BQB agreed that initially screen usage was an issue. Per JH – initial/learning curve screen issues. DF suggested that it is reassuring that Doctors check information and look up data. Per BQB – practice doctors are general practitioners – they don't know everything. BQB requested potential volunteers to advise her by email whether they wanted to be one of the PPG individuals who – on a rota basis – will work on this initiative.	BQB/All
6.	**Co-ordinate my care** BQB had circulated a document. AL asked where document came from and BQB advised that it was from a CMC or NHS site. <u>Background</u> CMC now going live but BQB had not heard of this until she had received a document. Initially there were discussions revolving around My Life Plan with representatives from the borough.	

	ML noted that those groups were then split into sub-groups. BQB - Two consultants were employed by the CCG to engage with residents in the borough. Several public meetings were arranged. BQB had invited one of the consultants to attend a PPG meeting. The final document produced by consultants stated that they had interviewed 400 people within Croydon. Expectations of what happens when old. My lifecare plan arose. Dr Didi the lead person ran this until emigrating to Oz following which it died a natural death. <u>Concerns</u> Now re-invigorated as CMC BQB expressed concerns that it was worrying that end of life care plan did not always advise adult children. NS queried whether it was unfair, because an adult with capacity does not have to inform her adult children. BQB – for her adult mother she would have wanted to know her mother's wishes and DF agreed that some information should have been made available to adult children, at least that such a plan existed, even if not the details. JH suggested advising relatives that a plan is there. There followed a discussion about capacity and confidentiality and whether next of kin are informed. NS questioned who is qualified to determine the role of the GP? BQB suggested that families should discuss. ML asked about those individuals who have no families or friends. GB noted that CMC is urgent care plan. What is urgent? If it is for everyone then it is a care plan. AL explained that the care plan only becomes an urgent care plan when a care giver (Doctor, paramedic etc) requires access to the care plan and urgent care is to be given at that point. The care plan is developed as the individual approaches end of life.	
7.	**Autumn Presentation** Will be dementia - agreed by all.	
8.	**Practice Update – AL** Per AL – very little update. No starters/leavers, Lauren due back after a year. Blinds & frosted windows + signage + pop up banner. New website being launched soon. JH – banner states minor surgery. AL confirms that it continues. Dr Goss does this. CQC call – good or outstanding get a call for an annual review – all went well.	

10.	**Any Other Business (PPG related)** <u>Local Authority support</u> NS noted a friend whose wife was turfed out of hospital into a care home. ML and BQB both had similar experiences to share. ML – support given. Approach Councillor Bird. ML offered to give advice to NS. BQB would leave information at reception for NS to collect. In general there is readily available support for cancer sufferers but not necessarily dementia. Local Authorities will pay full or towards cost of care if it is determined that the person livig with dementia has to go into care, however in the case of partners who have property, they cannot be told to sell their home to fund care for their partner. At such time when both die, there is a charge on the house payable to the Local Authority. BQB – if CCG do not pay for continuing care quote the Coughlin case. This was a lady who had continuing care that was withdrawn and she fought and won for the right for continuing care funding to continue. For someone who has no means of paying the Local Authority has an obligation to pay for care. Under 'duty of care'. This is not generally known.	
11.	**Dates of next meeting:** Future meeting dates Monday 16th September 18.30 Tuesday 15th October; Monday 18th November	