

Patient Participation Group of Dr's Adey & Dancy

Minutes of Group Meeting on Tuesday 3rd December 2019

Held at Tarporley Health Centre

1 Welcome, Introductions & Apologies

1.1 Attendees – PPG

Sue Masterman, Jim Hill, Geoff Johnson, Nigel Briers, Sarah Evans, Marian Jones, Alan Macready, Andrew Needham, Carole Hassall, Brenda Browning, Ian Hunt, Jane Lowthion, Nina Fieldhouse, Peggy Grimshaw

1.2 Attendees - Practice

Sam Jeffery, Linda Edge, Claire Lockerbie. Tsegay Kassa - Physician Associate Student on placement with the practice was observing.

1.3 Apologies

Dr Alistair Adey, Julie Whitehead, Paul Healey, Dave Morgan, and Lisa Owen.

2 Minutes of the last meeting of 18th May

Accepted by all present.

3 Matters Arising (not covered below)

3.1 AGM West Cheshire CCG on 25th Sept

Well attended meeting. Nigel, Alan & Geoff went. There were several good presentations with a key focus on CCG merger changes.

3.2 Kelsall new surgery update.

Planning number is 18/01996/FUL <https://pa.cheshirewestandchester.gov.uk/online-applications/>
30 parking slots shown for patients including 3 disabled. Whilst the key planning application has been approved there is a lengthy 'discharge of conditions list' submitted in July which still await approval.

4 PPG Member Development

4.1 Review of Public Meeting held on 1st October

The meeting's objective was to promote the PPG. Nigel outlined that whilst we had been anticipating a possible visitor number of around 40, we actually had 107! PPG members Nigel, Sue and Geoff, had explained their involvement with practice and Dr Adey and Sam outlined key practice activities. A number of visitors to the meeting had expressed an interest in PPG activities, and six have attended this meeting. A further six wish to be kept up-to-date on our activities.

5 Issues of Current Concern to PPG Attendees

5.1 Consideration of our meeting times. To meet the needs of working and younger members.

We have been asked by a number of prospective members if later meeting times are arrangeable. The PPG would be keen to attract younger patients. However greater interest tends to be shown by more elderly patients as they find themselves in need of GP services. Sue questioned other local PPG's about their meeting times and outlined their responses. Several tend to hold their meetings during the day, and no others operated later than we do. Clearly involvement of practice staff, and suitable meeting locations are a factor. Saturday meetings were suggested. Whilst our next regular meeting in section 10 was agreed, there was further agreement that topics concerning item 6 really need a meeting before that date (see items 6.2 and 6.3).

6 Primary Care Network (PCN) - Rural Alliance matters

6.1 Social Prescribing Link Worker (SJ & CL)

Claire Lockerbie, our new Link Worker, was in attendance at the meeting and explained her role and work to date.

The NHS are funding 1000 new Social Prescribing Link Workers across primary care, by the end of 2021, so that 900,000 people will be referred to social prescribing by 2024. Her role is with the Rural Alliance Primary Care Network; covering Bunbury, Tarporley, Kelsall, Tattenhall, Farndon and Malpas. It's estimated that one in five people who visit their GP are troubled by social issues, rather than medical problems. Social Prescribing Link Workers help to support people in unpicking complex issues that affect their health and wellbeing; such as loneliness, age, physical inactivity and mental health problems. Link workers enable people to have more control over their lives by connecting them with community groups, where they can engage in new friendships, learn new skills and gain support; giving them time to talk and listen. Social prescribing already takes place within the Rural Alliance, as we have Brightlife and the Wellbeing Coordinators.

Part of Claire's role involves mapping these areas, to find out everything that's available within the Rural Alliance. She has also identified gaps in community activities and support groups, for example there are not many groups for young adults, new parents, nutrition/cooking classes or mental health support. She will be setting up groups to 'bridge' these gaps. She has already set up 2 'falls prevention' classes (which are very popular!) in Bunbury. She is also in the process of setting up a mental health and wellbeing group in Tattenhall, with hopefully Tarporley and Kelsall thereafter.

(Two useful videos at: <https://www.youtube.com/watch?v=O9azfXNcqD8>

And https://youtu.be/3Tf6SwV5_vU)

6.2 Feedback from PPG Chairs attendance at the RA Board meeting (SM)

Sue reported that on Tuesday 11/11 afternoon the 6 PPG Chairs from the Rural Alliance (RA) practices met for an hour with the Board of the Rural Alliance Primary Care Network, at their request (after our pushing). This is her outline of how the meeting went.

The Board consists of the six practice managers, six doctors from the practices and various administrators. They had already sent us questions which we had answered in writing in order to save time.

Sam and Dr Adey both played a leading role. I got the impression that some of the others were not used to having PPG representatives who spoke out as well as listened.

They explained to us what changes they expect in the RA. It amounts to an extra 13½ full-time posts within 5 years, with 2/3 funding. I don't know that there was anything new that Sam has not already told us about.

We then got to talking about what we, the PPG's can do for them. It was, as usual, all a bit vague.

We then said that, in principle, we were very happy to help, but that we needed a clear and concise idea and coordinated requests about what they need from us.

It boiled down to the fact that they don't have a good communications strategy. We made various suggestions, including better use of electronic media and all available forms – much of which we can only do with their cooperation since mailing lists are confidential. I suggested they look to draw down communications expertise from within the CCG and mentioned some names. This should not cost them anything. They are not communications gurus – far be it - nor should they have to be.

The result was that, there and then, they appointed the Board's secretary Catherine Cain to be the channel through which we communicate. She, in turn, has now asked to meet with us at our next PPG-RA Chairs meeting, scheduled for Tuesday December 10th in Tattenhall. This is after our own PPG next meeting on December 3rd, so we can discuss it then. I think we also need to talk about how to involve more of us in these PPG-RA chairs meetings.

I think it's a good start. They are as bewildered as we are by the constant changes in structures and policies, not to mention possible consequences of the forthcoming election. They are doing their best. We are trying to oil the wheels.

6.3 Rural Alliance - PPG Chairs Terms of Reference (SM)

Sue then discussed a number of evident issues and topics which for these minutes which the meeting broadly agreed with. Those thoughts are summarised here:

The way things are developing, it looks as if we are moving towards the formation of a Rural Alliance PPG. This should be in addition to, not instead of, individual PPGs attached to each practice. It would be our link to the new Rural Alliance Primary Care Network which serves the needs of our cluster of 6 GPs practices.

Currently it is just the PPG chairs who are involved.

Chairs also attend the quarterly session for all PPGs in Cheshire West. This will also soon be merging into a larger event for both East and West. At the last PPG Cheshire West Chairs meeting we rejected overtures to make it less regular or water it down, because it is a really good meeting point and source of information.

As the scope of all these activities increases, we PPG Chairs question whether the current practice of involving just Chairs is sustainable. I think there should be at least two from each practice at our Rural Alliance PPG meetings because they are becoming increasingly specialised. We need to talk about how we want to tackle this as the RA develops.

What we don't want to do is reinvent the wheel. There are 1300 Primary Care Networks forming, and some of them, like ours, are a collection of rural practices. We need to find out what they are doing and what they have done. There are all kinds of problems to tackle, such as keeping communications flowing.

I've just been provided with a whole list of links on this topic which I will get out to you in the next few days. I haven't been able to go through them all myself. I'm constantly in touch with next door's PPG Chair, Paul Bujac.

We RA Chairs have a meeting scheduled next week with Catherine Caine who is coordinating communications with the RA Primary Care Network. We'll talk about this there as well, and feed back to you what emerges.

Considering how fluid things are, I think we can leave the Terms of Reference for now. The draft we circulated is from Humphrey Claxton, who is chair of the Kelsall PPG and is basically derived from theirs and similar to ours. An interim PPG meeting was proposed for 2nd or 3rd week of January.

6.4 Update on Rural Alliance – (AA & SJ)

Covered by the above.

7 Practice News

7.1 Health watch Visit report

Report is still awaited. Sue agreed to chase it up with Healthwatch on behalf of the practice.

7.2 Practice Nursing Update

Becky Roberts now has twin girls. Her busy maternity leave continues!

Three Practice nurses are standing-in for Becky while she is on Maternity Leave: Julie (Monday & Wednesday), Margaret (Thursday) & Kathryn (Friday).

8 Patient Suggestions/Friends and Family (JH)

8.1 Current Review

Jim reported that the number of Responses received during the last 3-month period Sept 2019 to November 2019 was 44.

Of these 38 were Extremely Likely to Recommend; 4 were Likely to Recommend; 2 were Neither Likely or Unlikely to Recommend; 0 were Unlikely to Recommend and 0 were Extremely Unlikely to Recommend.

A total of 38 comments were made of which 19 expressed complete satisfaction with the services received whilst 8 commented on Parking issues. The remaining comments were on separate issues as listed in the table appended to these minutes.

Following the introduction of the 15-minute appointment regime, there have been no further adverse comments about waiting time in the surgery.

8.2 Summary Table of Analysis

A summary table covering the past 12 months is included below, as an Appendix to these minutes.

8.3 Practice Response to last FFT Review (SJ)

Update waiting room/chairs – Practice to consider

8.4 Parking matters

Being managed by Campbell practice manager.

9 Any Other Business

None

10 Next Meeting Date

Agreed for Tuesday 3rd March 2020

Regarding sections 6.2 & 6.3, an interim meeting is to be agreed for 2nd/3rd week of January. Perhaps on a Saturday morning.

The Meeting closed at 18:30 pm

11 Appendix re item 8.1 & 8.2

Friends & Family Table of Comments Dec 2018 - Nov 2019

Medical Service Comments	Number of Comments	Administrative Service Comments	Number of Comments	Health Centre Environment Comments	Number of Comments
Exceptional/ No Issues	Dec-Feb 26 Mar-May 24 Jun-Aug 24 Sept-Nov 19 Total 93	Time to answer Telephone calls/Empathy	Dec-Feb 1 Mar-May 0 Jun-Aug 0 Sept-Nov 1 Total 2	Parking (Problem is understood, mainly)	Dec-Feb 9 Mar-May 7 Jun-Aug 8 Sept-Nov 8 Total 32
Waiting time in Surgery (Flu Jab)	Dec-Feb 0 Mar-May 1 Jun-Aug 0 Sept-Nov (1) Total 1	Waiting time to get an appointment (specific GP)	Dec-Feb 0 Mar-May 0 Jun-Aug 1 Sept-Nov 1 Total 2	Upgrade Waiting Room	Mar-May 1 Jun-Aug 1 Sept-Nov 3 Total 5
Reception asking about nature of the appointment	Dec-Feb 0 Mar-May 0 Jun-Aug 0 Sept-Nov 0 Total 0	Book Proxy Appointments on-line	Mar-May 1 Jun-Aug 0 Sept-Nov 0 Total 1	Bigger Waiting Room	Mar-May 1 Jun-Aug 1 Sept-Nov 0 Total 2
Have Longer Hours and Weekend GP Appointments	Dec-Feb 1 Mar-May 1 Jun-Aug 1 Sept-Nov 1 Total 4	Overhearing conversations with Reception staff at window	Dec-Feb 1 Mar-May 0 Jun-Aug 0 Sept-Nov 0 Total 1	Baby Changing Facilities	Dec-Feb 1 Sept-Nov 0 Total 1
Talk to own GP on-line	Mar-May 1 Jun-Aug 1 Sept-Nov 0 Total 2	Check-in screen difficult to use/inaccurate	Mar-May 1 Jun-Aug 1 Sept-Nov 0 Total 2	Cycle Parking (provision of)	Dec-Feb 1 Mar-May 1 Jun-Aug 0 Sept-Nov 0 Total 2
Concern about medical expertise available	Dec-Feb 1 Mar-May 1 Jun-Aug 0 Sept-Nov 0 Total 2	Don't change systems that work. (Including Patient Access)	Mar-May 1 Jun-Aug 0 Sept-Nov 0 Total 1		
More Services at Ashton/Kelsall (Nursing)	Dec-Feb 1 Mar-May 1 Jun-Aug 0 Sept-Nov 1 Total 3	Don't ask for ethnicity on F&F forms	Dec-Feb 1 Jun-Aug 0 Sept-Nov 0 Total 1		
Surgery at Tarvin	Dec-Feb 1 Sept-Nov 1 Total 1	Loss of Travel Clinic	Mar-May 1 Jun-Aug 1 Sept-Nov 0 Total 1		
Fasting Blood before 0930	Mar-May 1 Jun-Aug 0 Sept-Nov 0 Total 1				
Annual Reviews - Effectiveness	Mar-May 1 Jun-Aug 1 Sept-Nov 0 Total 2				