

## Minutes of the Neston Surgery PPG meeting held on 14 May 2014

1. Present: SG (chair), BS, HE, VA, AG, SK, KR, LB, GO, YW, OM, JC, AC, EB, DP.

Visitors (for part 4 of the meeting only):- JP (Neston Surgery GP and member of the West Cheshire CCG), RN (Director of Contracts for West Cheshire CCG), DS (Practice Manager at Neston Medical Centre) and PC (PPG chair at Neston Medical Centre).

2. Apologies had been received from AF, CC, and DB (a new member of the group).
3. The minutes of the meeting of 24 March 2014 were approved.
4. The first part of the meeting was dedicated to a discussion with JP and RN regarding "cross-border" issues that can occur when a patient is treated at, for example, Arrowe Park Hospital (APH) and subsequently needs follow up treatment or care in the community.

JP explained that 85% of the patients needing hospital treatment from our practice have that treatment at APH in the Wirral, whereas geographically most of our involvement is with West Cheshire CCG. He was also aware that patients of practices in the Helsby and Frodsham areas also experience some similar "cross-border" issues following hospital treatment. RN was also aware that there have been some problems with patients in the outlying parts of the West Cheshire CCG area having follow up treatment.

Both JP and RN stated that they need definite examples of the problems that are occurring, preferably giving numbers of patients involved. RN said that he would be prepared to prepare a paper to put to the CCG board with details of types of problems and numbers of patients involved.

Some examples were given from the first hand knowledge of participants at the meeting:-

- A child was treated at APH and was referred to Wirral Physiotherapy Department, only to be advised subsequently that she was unable to access this service.
- A person was discharged from APH without any advice as to where to get support from a voluntary group.
- APH have specialist district nurses who are qualified to treat type 1 diabetic patients, but they are not allowed to "cross the border" to treat patients in the Neston area.
- A very premature baby who left APH needing oxygen treatment was unable to have continuity of care upon leaving hospital.
- A patient had been discharged from APH with a nebuliser, which had subsequently failed. APH wouldn't provide a "cross-border" service for the breakdown, and the Countess of Chester Hospital would not service the device because they had not provided the device.
- A patient discharged from APH following a hip replacement had been refused equipment necessary for their recuperation.
- A patient had been referred for physiotherapy in West Cheshire after having a CT scan at APH, but the physiotherapist did not have access to her test results from APH.

A wide ranging discussion ensued, which included these “cross-border” issues and issues associated with data sharing. RN commented that currently there is no data sharing agreement between APH and West Cheshire CCG – work is under way to enter into an agreement, but these agreements are complicated because of confidentiality concerns.

PC commented that she is working with Healthwatch to set up a signposting service for patients, this signposting service to include voluntary community services. JP said it is impossible for him to know of all the available services in the community, and he felt it would be helpful if there was one repository of this information.

GO felt that, just as the patient has the right to choose their consultant under the Patient Choice scheme, so also should the patient be able to be able to exercise the same choice for follow-on services.

GO felt that some of the issues that occur upon discharge from APH (e.g. lack of equipment for post-operative recuperation) could be fed into a CCG/PALS co-ordinator. RN said that he would take this as a genuine concern from this meeting for further action.

**ACTION: RN**

HE mentioned that the practice was proposing to carry out a patient questionnaire on their experiences of being discharged from all of the hospitals that serve the practice area. A draft of the questionnaire was to be discussed later in this meeting (see item 11).

On the question of providing further examples of “cross-border” issues and numbers of patients involved, JW commented that it was impossible for the PPG to quantify the scale of the problem, and he felt that the problem should be investigated by checking with the hospitals what their policies and practices are for patients discharged out of their catchment area. Clearly, that problems exist is known to at least some clinical staff at APH because there have been examples of clinicians telling patients that they are not entitled to follow up services from APH.

RN said that he would initially check the Discharge Policy of APH.

**ACTION: RN**

It was agreed that JP and RN would be invited to attend the September PPG meeting for further discussion/update.

**ACTION: JP & RN**

It was intended to have responses to the planned hospital discharge questionnaire by the time of the September meeting.

**ACTION: PPG/PRACTICE**

#### 5. Matters arising:-

- The booking in screen was, as yet, showing erroneous waiting times.
- Funding has now been obtained to make provision for doctors to call in patients via the waiting room monitors.
- JW had undertaken to act as minute taker for 3 meetings, starting with this meeting.
- The CCG bid to obtain funds within the Vanguard project was unsuccessful but the CCG has allocated some funding to help identify possible improvements in services, e.g. possibly to develop a visiting service for some groups of post-operative patients.
- The LES has been accepted.
- SG has had a reply from Debbie Smith to clarify a query regarding attendance at the PPG chairs meeting. Debbie confirmed that only the chair of a PPG and/or a representative would be able to attend these meetings.

6. SG read out AF's report following her attendance at the Carers' Meeting held on 15 March 2014. 15 people attended the meeting, mainly HCAs, receptionists, or practice managers. A web site should be ready for carers by April and the Carers Leaflet is being updated. There may be a new post to possibly provide monthly visits to practices. CCC provides lunch clubs, monthly meetings etc. all free of charge. There is to be a CARERS WEEK from 9-16 June. Several practices are organising events. A suggested that we invite David Harvey to attend one of our PPG meetings - he is a good speaker and a mine of information. In view of the attendees at this meeting, A felt it would be better if our formal "Carer Link" person could attend future meetings. However, this group was happy for A to attend future Carers' Meetings if she is willing. **ACTION: AF**
  
  7. No comments had been received from the PPG members on the format or the content of the weblog. Both JW and SG had experienced problems in accessing documents on the weblog during the last week. Debbie Smith is aware of these problems.
  
  8. HE confirmed that the system of dealing with out of hours calls to the practice was to divert the calls automatically to the Out Of Hours service.
  
  9. SG will invite members to submit items for her to take to the next PPG chairs meeting. The next meeting will take place on 2 June. **ACTION: SG**
  
  10. The draft in-house patient questionnaire with the theme of "communication" was approved. The questionnaire would be put to patients attending the surgery from Monday 19 May. The aim was to obtain 250 responses, which could take possibly 3 or 4 weeks. **ACTION: BS/HE**
  
  11. The proposed Hospital Discharge Experience questionnaire was approved, subject to the addition of a section for the patient's name and contact details as an option for patients to complete if they wish. The questionnaires would be collected via a Questions Box in the surgery. **ACTION: BS/HE**
- In addition, VA suggested that the practice could identify patients who have a discharge letter from hospital, and then send the form to those patients. **ACTION: BS/HE**
12. B's leaving for retirement date would be 11 June. SG gave B a card and present from the PPG, and B was given a rousing round of applause.
  
  13. There would be a Care Quality Commission inspection of the practice on 2 June. They would wish to speak to staff, to patients, and to members of the PPG. SG will send an e-mail to PPG members to ask for volunteers to attend on behalf of the PPG. **ACTION: SG**

HE will take over as Practice Manager following B's retirement.

AG had been asked separately by two patients about whether all international doctors had to have a good grasp of the English language, following some difficulties they had experienced in understanding a doctor in the practice. VA explained that all doctors in

the practice were fully qualified doctors and all were fully fluent in English, but occasionally there may be difficulties in understanding accents. BS stressed the point that patients should deal with any concerns of this nature at the time that any difficulty was experienced by speaking to him and not referring the matter to a member of the PPG. If really necessary, he would arrange for the patient to be seen by another doctor, but this would be a truly exceptional case.

HE has received an e-mail message from Snow Angels in Vale Royal, advising her that it is proposed to set up a group in Neston. The group members act as “good neighbours” to individuals who need help in, for example, collecting prescriptions. There would be a meeting for this proposed new group at 10am on 21 May in Neston Centre. AG volunteered to attend this meeting on behalf of the group. **ACTION: AG**

The meeting was advised that there is a draft Health and Wellbeing Strategy 2014-19 available via the “CH64 about my area” website, and that public comments were invited.

**Post-meeting note:-**

This consultative document is available via

<http://www.aboutmyarea.co.uk/Cheshire/Neston/CH64/News/Local-News/272567-Cheshire-West-Invites-Your-Views-on-Health-and-Wellbeing-Strategy>

where it is stated that

----- QUOTE -----

*Full details of the strategy and consultation including an online feedback form are available on the Council website at [www.cheshirewestandchester.gov.uk/healthandwellbeingstrategy](http://www.cheshirewestandchester.gov.uk/healthandwellbeingstrategy).*

***Paper copies are available in local libraries, Children's Centres and main Council buildings.***

*Other ways to participate in the consultation are:*

- *Write to the Strategic Intelligence Team, Cheshire West and Chester Council, HQ, Nicholas Street, Chester, CH1 2NP (please mark it 'Health and Wellbeing Strategy')*
- *Telephone 0300 123 8 123 and ask to speak to the Research Team*
- *Email [research@cheshirewestandchester.gov.uk](mailto:research@cheshirewestandchester.gov.uk)*

*All consultation responses must be received by midnight on **July 20**.*

----- UNQUOTE -----

14. The next meetings would take place on

MONDAY 7 JULY at 7pm

WEDNESDAY 24 SEPTEMBER at 7pm