

## **Minutes of the Neston Surgery PPG meeting held on 7 July 2014**

1. Present: Sue Gould (chair), Heather Elkin, Dr Vikki Arista, Alan Goulbourne, Sheila Kennedy, Lesley Bell, Grahame Owen, Olive McDonough, Joyce Coburn, Alan Coulter, Eleanor Braceland, Deborah Pickering, Ann Flanagan, John Ward

Visitor (for part 3 of the meeting only):- Dr Tahir Awan (Neston Surgery GP)

2. Apologies had been received from, Kath Culshaw, Kath Roberts, and Yvonne Williams
- 3.1 Dr Awan gave a background to project VANGUARD, whereby CCGs had been able to bid for funds made available by the prime minister to develop better and smarter working in primary care. Western Cheshire had not received any funding under project VANGUARD, but had made available from its own funds a sum of £2M to work towards the same objectives as VANGUARD.

“Localities” of GP practices had been identified for the development of services within their areas. Our own surgery, Neston Medical Centre and Willaston Surgery had been chosen as our “locality”. Relationships were already well established with Neston Medical Centre, but the operation of Willaston Surgery had only recently come under the control of Bridgewater Community Healthcare NHS Trust. It was planned to have the first meeting with representatives of Bridgewater on 9 July.

The locality teams would be looking at providing “integrated care” by district nurses, community matrons, and social care services. Initially, the referrals to the integrated care team would be made by GPs and possibly by district nurses. There is now a fledgling integrated care team led by Kate Sharp.

It was also proposed that closer working with the voluntary sector would be developed, e.g. by working with Snow Angels (later referred to in these minutes as Neston Angels), whose contact for our area is Kathy Boyd.

It was also hoped to commence an “early visit” service for patients being admitted to hospitals, whereby in suitable cases patients would be admitted early in the day in order to try to avoid the need for some overnight stays in hospital.

It was also proposed to develop a tele-medicine service, with certain types of consultation carried out over the telephone or via computer.

See Appendix 1 for the content of a document handed out by Dr Awan, this document listing 12 principles of the Vanguard project.

- 3.2 Sheila Kennedy asked about the possibility of changing GP to one on the Wirral, particularly to avoid the “cross border” issues that can result following discharge from Arrowe Park Hospital. Dr Awan explained that it is now possible to register with a GP outside your practice area boundary, but the new GP is not obliged to,

and may not be able to, carry out home visits outside their geographical area. However, he recognised that the patient now has this right.

However, Sheila had asked at a recent meeting of Wirral Community NHS Trust whether hospital follow up care in the community was dependent on the patient's postcode or the GP practice's postcode. A Board member had replied that he did not know the answer to that question, and would need to consult further.

- 4.1 The minutes of the meeting of 14 May were approved.
- 4.2 John Ward questioned whether there was any need to "anonymise" the names of members of this PPG in the minutes any longer. He recognised that the use of initials only may have been a decision made to "protect" individuals when the group was in its infancy, but this practice was now leading to some confusion by many in the group when reading the minutes.

It was agreed nem con that PPG members would be identified by their full names in the minutes from now on.

- 4.3 Sheila Kennedy expressed a preference to see numbered points used when long lists of points were reported in the minutes, rather than bulleted points as used in some sections of the minutes of 14 May. It was agreed that numbered points would be used in appropriate cases from now on.

## 5. Matter arising:-

Sheila Kennedy advised that each local authority has the duty to set up its local Healthwatch. Ours is Healthwatch West Cheshire and is based in Northwich. Its duties are signposting, influencing, and advocacy. Advocacy is carried out on a regional basis – ours is based in Liverpool.

The Healthwatch enquiry telephone number is 0845 3402859

Wirral Healthwatch is based in Wallasey and signposting is carried out by Wirral Well, which is run by Voluntary and Community Action Wirral (VCA Wirral). Further details can be found at [healthwatchwirral.co.uk](http://healthwatchwirral.co.uk)

6. The Terms of Reference for the PPG were reviewed – the only change necessary was to remove the text "and Business Manager" from the section headed "Membership of the Group". This change was brought about by the merging of the Practice Manager and Business Manager roles.

## 7. Correspondence

- 7.1 A short-notice invitation had been received to attend a Countess of Chester Hospital 30th anniversary open day on 29 June.
- 7.2 Deidre Bolger has withdrawn her application to be a patient representative for the Urgent Care Network. If anyone is interested an

e-mail was sent earlier in the month with details and the closing date was 25 June, but Sue Gould felt that nominations could still be accepted. **ACTION: ALL**

- 7.3 Sheila Kennedy advised the meeting that individuals are able to become members of Wirral Community NHS Trust (WCNHS Trust). They are hoping to gain Foundation status, but the signs are that this could take some time. When they achieve Foundation status, 3 of their governors will represent the Neston area. Sheila advised that they communicate very well with their members with a quarterly magazine available either as a paper copy or online.
- 7.4 CCGs have been asked to submit expressions of interest to develop new arrangements for co-commissioning of primary care services. Comments had been sought on this initiative and, whilst the deadline for comments has passed, Sue Gould felt that any comments would still be welcomed
- 7.5 Paper copies of a new Simple Guide to the NHS publication had not yet been received. When received, they would be available for collection from the surgery.

8. Heather Elkin invited the group to identify three issues to comprise the formal PPG Objectives for 2014/2015. The meeting identified, in broad terms:-

- 8.1. "cross border" issues when patients are discharged from hospitals outside the practice's geographical area
- 8.2. developing tele-medicine - by telephone or e-mail
- 8.3. survey, review and document the voluntary services in our area so as to be able to signpost patients for effective support

The detail of working up proposals to achieve these objectives would be carried out outside this meeting.

**FOR FURTHER ACTION  
but no action parties identified at this stage**

As a preliminary action point to item 8.3 above, Sue asked that all members of the group give further thought to this action point and come to the next meeting with details of organisations in the Neston area that they know of, so as to help with the signposting of services – i.e. a current contact name/number/website if possible

**ACTION: ALL**

9. Feedback from Carers' meeting on 24 June

- 9.1 Ann Flanagan reported that a presentation had been given on the different types of dementia.
- 9.2 The Cheshire Carers' Centre offers a wide range of activities, training and events for Carers throughout the year across Cheshire.
- 9.3 Leaflets to advise patients and carers of services are generally considered to be more effective than links to online reference pages.

- 9.4 It was agreed to invite David Harvey of the Cheshire Carers' Group to attend the PPG meeting in November to explain further what the Cheshire Carers' Group is able to offer **ACTION: ANN FLANAGAN**

## 10. Report from PPG chairs meeting held on 2 June

- 10.1 Sue reported on the new contractual arrangements for GPs with respect to Patient Participation Groups. Funding for having a PPG has been cut. There is no longer a requirement to carry out a local survey, but collecting patient feedback is still required. Fuller details are available from the entry dated 2 June on the West Cheshire weblog at:- <http://ppgconnect.informaticscentre.co.uk/>
- 10.2 It is proposed to introduce a Friends and Family Test for GP practices in December 2014. A likely question will be "How likely are you to recommend the service to friends and family if they needed similar care or treatment". Further questions are being developed.
- 10.3 Appointment systems were discussed – most practices have systems which attract some criticism. Kelsall surgery was deemed to have the "best" system.

*Post-meeting note – some early morning appointments at Kelsall surgery are available for booking the night before the appointment. In addition, some telephone consultations are available with a doctor or nurse if the patient feels that the problem can be dealt with over the phone.*

- 10.4 It is possible that changes will be made to the podiatry service, such that this service may only be made available for high risk patients.

## 11. Outcome of Snow Angels meeting on 16 June

Alan Goulbourne reported that this group has been renamed Neston Angels. Snow Angels had set up their group in the Northwich area 2 years ago to provide assistance to elderly and vulnerable people during the periods of extreme cold weather by providing practical help and advice with day to day tasks, such as shopping, path clearing, help with heating problems and delivery of meals.

Neston Angels are keen to recruit volunteers who are willing to help out. They are looking for people who are able to provide some time to help older people in the community. Volunteers are required for a number of roles including helping with shopping, keeping in touch with people, providing lifts for people to GP and hospital appointments (with Neston Community Transport), and clearing snow.

Neston Angels will be present at the Community Day at Neston Town Hall on 10 October.

12. CQC visit on 2 June – Sue Gould, Lesley Bell and John Ward had represented the PPG and answered questions put to them by one of the inspectors.

In general terms, the inspection had gone very well, with lots of very positive responses from patients spoken to by the inspectors on the day. The inspectors deemed that some “admin” matters needed attention, with some of the practice policies in need of updating.

The inspectors’ report is expected around the end of July. The inspection was a “pilot” inspection to trial some revisions to the way inspections are carried out. No gradings will be given for this inspection. However, the practice will be inspected again sometime between October 2014 and October 2015, when gradings will be given.

13. Sheila Kennedy is hoping to attend the PPG Chair meeting in place of Sue on the morning of Monday 8 September. Members of the group are welcome to attend the workshop on the afternoon, details to follow. Members were asked to indicate an interest either to Sue or to Debbie Smith direct.

**ACTION: (1) SHEILA KENNEDY**  
**ACTION: (2) ALL**

14. Sue Gould was reappointed as chair of the group for September 2014 to July 2015.

15. Heather Elkin reported that the in-house survey had been completed, with 500 survey forms handed out and 93 returned. She was currently analysing the results and she would e-mail the results and the surgery’s responses to Sue shortly.

**ACTION: HEATHER ELKIN**

The Hospital Discharge Survey will be started this week

**ACTION: HEATHER ELKIN**

16. The next meetings would take place on

WEDNESDAY 24 SEPTEMBER at 7pm

MONDAY 24 NOVEMBER at 7pm

## **APPENDIX 1 - PRINCIPLES OF THE VANGUARD PROJECT**

*Principle 1: We want to ensure that patients are consistently able to contact their GP practice easily and have a choice of ways to contact the practice.*

*Principle 2: We want patients requiring urgent assessment to have an effective first clinical contact.*

*Principle 3: We want patients to have local access to GP practice services outside of core hours (Monday – Friday 8.00am – 6.30pm).*

*Principle 4: We want to provide rapid assessment and care to patients at risk of emergency admission.*

*Principle 5: We want patients, particularly frail older people and those with long term conditions to receive continuity of care from an appropriate team of health and social care professionals.*

*Principle 6: We need to increase the intensity of care provided to patients in Residential and Nursing Homes to ensure continuity of care and good medication management.*

*Principle 7: We will help patients to self-care through use of techniques such as motivational interviewing, shared decision making and the use of shared care plans.*

*Principle 8: We will actively develop alternatives to general practice including minor ailment scheme, social prescribing and direct access services.*

*Principle 9: We will commission new technology to support patients to self-care and self-monitor their conditions.*

*Principle 10: We will build on existing technology and invest in additional technology to enable the other principles to be achieved and improve communication between general practice and other partners in care delivery.*

*Principle 11: We will ensure that GP practices become community resources to improve the health and wellbeing of local people.*

*Principle 12: We will involve patients in the design and development of the new model of primary care.*