

**Walderslade Patient Participation Group
Minutes of Meeting 20 June 2017**

Present:

Cynthia Shaw (Chair)

Linda Bond

Iris Higginbottom

Barbara Sabin

Irene Mack (Visitor from Hoyland Medical Centre PPG)

Margaret Lindquist

Dr Farmer (Walderslade Surgery GP)

Jayne Hackleton (Walderslade Surgery Practice Manager)

Pat Gregory (Walderslade Surgery Patient Liaison/Communications Manager)

Karen Gallagher (Walderslade Surgery Administrator)

1.	<p>Apologies: Jane Love, Julie Sabin, Jean Gibb, Tony Thornton (resigned membership), Teresa Rowland, Susan Boocock, Philippa Law, Val Beaumont.</p> <p>Apologies from Jo Radley, guest speaker from My Best Life. Due to work commitments Jo is unable to attend but will be available for the next PPG meeting.</p> <p>CS welcomed, Irene Mack, to the meeting. Irene is a member of the Hoyland Medical Centre PPG and is attending to gain an insight into the Walderslade PPG.</p>
2.	<p>Matters Arising from previous meeting held 16 March 2017:</p> <ol style="list-style-type: none">1. Previous minutes agreed as a true record.2. Item 2.1 – Meningitis Now campaign; card distribution update (IH) – IH informed the meeting about her work to distribute the meningitis cards to as wide an audience as possible. IH listed the local schools and her contacts who have taken information to circulate. IH explained that very quickly the demand for cards escalated through word of mouth and extending far beyond the initial Walderslade Surgery target area. Pat Gregory coordinated the supply of cards and information leaflets to IH via Meningitis Now. <p>IH was very modest about the amount of cards distributed adding that ‘it had not really taken much time’.</p> <p>On behalf of the whole group, CS thanked IH for ‘doing a sterling job’. JH added thanks to IH on behalf of the surgery and staff.</p> <p>Overall good work and a positive message have been promoted.</p> <p>PG will send a letter of thanks to IH and will continue to coordinate and forward the campaign literature.</p> <p>It was agreed to highlight the success of the PPG support for the Meningitis Now campaign in the surgery newsletter. KG to action.</p> <p>Post meeting – Following the PPG meeting, PG spoke to Damien (representative at the Meningitis Now campaign) to provide an update about</p>

	<p>what the PPG (in particular IH) and the surgery had completed to promote awareness. Damien's response was; 'I am absolutely blown away! Thank you'.</p>
<p>3.</p>	<p>Volunteers (CS):</p> <ol style="list-style-type: none"> 1. CS tabled the following news articles and information leaflets: <ol style="list-style-type: none"> a. Fostering Carers required; particularly fostering teenagers. CS circulated a RMBC flyer promoting foster care in the Rotherham area. It was agreed that KG would promote in the surgery newsletter (to be inclusive of contacts in Rotherham and Barnsley). Also see item 8.1. KG to action. b. 'End of Life Companions' – CS circulated details about this initiative based at Barnsley hospital. The Voluntary Services Team (VST) are asking for 'End of Life Companions' to volunteer to provide comfort and support to patient, their families or carers in their time of need. They do not provide medical or nursing care. Contact Barnsley VST on 01226 434979. Also see item 8.2 c. Alzheimer's Society Dementia Friends Programme – A short discussion followed about this initiative and the support they can provide. JH advised that all Walderslade Surgery staff have undertaken the required training to become a 'Dementia Friend'. This was promoted in a past surgery newsletter. For information about dementia friends refer to the website www.dementiafriend.org.uk d. My Best Life social care scheme – CS highlighted this scheme which was launched on 19 June. The main aim of the service is to de-medicalise people's social needs. A short discussion followed. <p>PG added that the service was previously a pilot scheme and called Social Prescribing. It was managed by Teresa Gibson from Voluntary Action Barnsley who attended a past PPG meeting to present details about the service. A total of 21 Walderslade Surgery patients have been referred to use the service which has already achieved positive results for patients.</p> <p>The scheme has now been relaunched as My Best Life and is managed by Jo Radley who is available to see existing and prospective patients every Friday morning at Walderslade surgery. Jo will attend the next PPG meeting to present further details about the scheme.</p>
<p>4.</p>	<p>Value and Quality of Newsletter (CS):</p> <ol style="list-style-type: none"> 1. CS remarked that the surgery newsletter is a benefit and seems to be well appreciated by patients. CS thanked all staff for producing it. A short discussion followed about its positivity in light of media negativity around primary care. <p>JH added that contributions from PPG members and patients are welcome. Please contact KG.</p>
<p>5.</p>	<p>Highcroft Parking Issues Update (CS):</p> <ol style="list-style-type: none"> 1. CS updated the PPG members on progress to implement the proposed Traffic Regulation Order (TRO) at Highcroft.

	<p>In May, CS contacted the local police to request visible policing in response to the high number of vehicles inappropriately parked on the highway which were causing a danger to pedestrians and other road users. CS received a crime number from the police and was assured that a PCSO would patrol the road.</p> <p>CS also requested an update on the progress of the TRO from officers at BMBC Highways department. Highways officers confirmed that the TRO is now in place and BMBC have a duty to act within a reasonable timescale to implement the order (parking restrictions via double yellow lines). BMBC highways confirmed that Hoyland town centre developer, Resilienti, now have plans of all town centre traffic restrictions. These are to be submitted to BMBC for approval. Resiliente will implement the traffic schemes once approved.</p> <p>A newly appointed BMBC highway officer and CS have agreed to meet to look at current parking issues at Highcroft. Members of the group suggested the meeting should take place on a Tuesday morning when the congestion caused by inappropriately parked vehicles is particularly bad on this day.</p> <p>CS is to feedback to the PPG with the outcome of the meeting.</p>
6.	<p>Presentation – My Best Life:</p> <ol style="list-style-type: none"> 1. Jo Radley had sent her apologies to the meeting. She will be invited to the next PPG meeting in September.
7.	<p>Update re DNA numbers and feedback from patients:</p> <ol style="list-style-type: none"> 1. PG reported an overall improvement in recent DNA figures but added that this can fluctuate with bank holidays. JH advised that in the 2 years that figures have been monitored and reported to the PPG, the number has reduced from over 200 per month to the current 140/160 per month. <p>PG added that the notice in reception which notes the DNA figures for the previous day is very effective in highlighting the high number of defaulters. However, this is only seen by patients and visitors to the surgery. Following a short discussion it was agreed DNA figures should continue to be reported and also thanks should be expressed to those patients who do attend their booked appointment. KG is to include in surgery newsletter. KG to action.</p> <p>RTF commented that it is slowly becoming socially unacceptable to miss an appointment and not to cancel beforehand. We can only continue to put the message out and promote the various ways of cancelling. All agreed to carry on with the existing process and keep on top of it.</p> <p>A member of the group asked if the electronic appointment system could report on the percentage of patients who book online and those who speak to a receptionist and then proceed to DNA. JH answered that the practice can get this information from the system but there was no difference to figures when booked via online or speaking to a receptionist.</p>
8.	<p>Community Information:</p> <p>PG expanded on the points raise by CS under item 3 above.</p>

1. Foster Carers – leaflets and information is displayed in the surgery waiting rooms. The surgery newsletter has, in the past, covered this service.
2. End of Life (palliative care) – For information PG confirmed that a multi-disciplined team (MDT) of clinicians meets at the practice on a monthly basis to discuss patients who are receiving palliative care. The team is very effective and works well to deliver a sensitive and caring service. Usually the practice only promotes the support services and help available to those patients who require it. RTF commented that recent feedback from one of the MDT nurses was that ‘patients at this surgery are well looked after and are more likely to have a good quality end of life’.

It was agreed that information about palliative care services could be promoted in a sensitive and positive way in the surgery newsletter; along with the information about Barnsley VST ‘End of Life Champions’ (see item 3.1b). **KG to action.**

3. Dementia Friendly – details of support services available are advertised in the surgery and regularly promoted via the surgery newsletter i.e. the availability of dementia team advisors on Tuesday at the Allotment Deli and the recent ‘A trip down memory lane afternoon tea’ event. Surgery staff are briefed by PG at internal practice meetings about current services available and how to access them.

CS asked if any dementia patients fall through the net and are not supported. JH commented that the practice raises awareness of what is available and members of staff do signpost patients at every opportunity.

PG provided PPG members with information about the Barnsley Sustainability Plan and Barnsley Plan (both currently consultation documents) which had been forwarded by Frank Scorrow. Members recalled that Mr Scorrow, local representative on Council of Governors at Barnsley NHS Foundation Trust attended a PPG meeting in September, 2015, to present information about the Council of Governors.

A short discussion followed about the Barnsley documents. A member of the Walderslade PPG, who is also on the council, advised that the Barnsley Plan had only just been issued. JH confirmed that the surgery did not have a copy but has received information about the STP.

For information, copies of the plan can be found on www.barnsleyccg.nhs.uk/get-involved/barnsley-plan-and-sustainability-and-transformation-plan.htm

RTF commented that consultation about the plans has been ongoing since November 2016. It is up to the public to comment.

JH reminded PPG members that information about the STP was discussed at the December 2016 PPG meeting and a link to website for consultation and comment was subsequently provided in the minutes of the meeting.

9. **AOB:**

1. Health Checks (MOT’s) – CS commented that she was aware that health

	<p>checks may no longer be provided by GPs in primary care. In reply, RTF confirmed that NHS England are re-aligning this service and are looking at ways to implement them in other ways i.e. to be carried out by pharmacists and possibly in locations such as supermarkets or shopping centres.</p> <p>2. The PPG members present at the meeting group agreed to convey their best wishes by sending a card to a member of the group who is currently ill. JH / PG to action on behalf of the PPG.</p> <p>3. CS circulated an article from the Barnsley Hospital NHS Foundation Trust (June 2017) about how to become a member of Barnsley Hospital and what the membership group do. Hospital members of the group are updated with news from around the hospital and important events. Performance reports and new volunteering opportunities are also communicated. Details on how to sign up to become a member can be found at www.barnsleyhospital.nhs.uk/about/become-member .</p> <p>It was agreed to promote this information in the surgery newsletter. KG to action.</p> <p>4. Clinical referrals – RTF commented about recent changes implemented by Barnsley CCG to the administration of certain clinical thresholds for patient referrals. Certain procedures are now deemed to be of limited clinical value.</p> <p>What this actually means in practice is that patients might not get the referral they want, or they might have to fulfil a set criteria before a procedure can be referred i.e. cataracts.</p> <p>RTF remarked that members of the PPG should be aware that GP practices are being encouraged not to refer as many patients. Demand management is another name for it.</p> <p>A short discussion followed about potential time delays and misdiagnoses due to constraints on any referral process. A member of the group commented that this appeared to be a cost cutting exercise.</p> <p>5. In concluding the PPG meeting, CS asked visitor Irene Mack what she thought of the Walderslade PPG meeting. Her reply was complimentary!</p>
10.	<p>Next meeting:</p> <p>1. Thursday 21 September 2017, 2pm at Walderslade Surgery.</p>