

**Walderslade Patient Participation Group
Minutes of Meeting 21 September 2017**

Present:

Cynthia Shaw (Chair)

Linda Bond

Teresa Rowland

Margaret Lindquist

Iris Higginbottom

Freddy Ponce

Maria Nascimento

Tracy Webster – Office of Police and Crime Commissioner

Jo Radley - Social Advisor, My Best Life

Jayne Hackleton (Walderslade Surgery Practice Manager)

Pat Gregory (Walderslade Surgery Patient Liaison/Communications Manager)

Karen Gallagher (Walderslade Surgery Administrator)

1.	<p>Apologies: Barbara Sabin, Philippa Law, Val Beaumont, Julie Sabin, Jo Pollitt, Chris Corker, Jean Gibb.</p> <p>CS welcomed guest speakers Tracy Webster and Jo Radley.</p> <p>A moment of reflection was held in remembrance of a group member who recently died.</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. Items 2.2, 3.1a, 7.1, 9.3 – items for newsletter completed.3. Item 8.2 – Volunteer companions not required by Barnsley Hospital at this time.4. Item 9.2 - Completed.
3.	<p>Presentation by Tracy Webster:</p> <ol style="list-style-type: none">1. Tracy Webster is the Engagement Officer at the Office of the South Yorkshire Police and Crime Commissioner. <p>The office deals with the police and crime. TW gave a brief overview of the purpose of the Commissioner’s office and highlighted that past policing model for neighborhoods has failed. Therefore, a new model is being drafted on the basis of good old fashioned policing.</p> <p>A short discussion followed about the types of policing, crime in general and a shift in the nature of crime, with an increasing number of fraud and cyber related crimes. CS suggested that there is often a direct link between the police and the victims of crime who subsequently visit their GP with stress related illnesses as a result of a crime.</p>

The vulnerability and safety of people within the community is one of the commissioner's main priorities. TW felt that this policy linked well with the social prescribing service and the aims and objectives of My Best Life and Jo Radley in her work with patients within GP surgeries.

TW remarked that by engaging with the public, the police will learn more. Therefore, the visibility and accessibility of police is important.

TW suggested that the South Yorkshire Police Commissioner would be interested in attending a PPG meeting to discuss the links and new policing proposals. The group agreed that this would be beneficial and suggested an invitation to the Spring 2018 PPG meeting.

After recently meeting the Police and Crime Commissioner, Dr Alan Billings, CS felt that he listened to what she had to say and suggested that his thoughts and ideas would be good for the PPG and other groups to know.

Maximising the role of the Fire Service - TW commented that as well as providing the traditional services such fire safety checks in the home, fire officers can now provide basic services such as blood pressure checks for people when working they work in the community.

Pat Gregory remarked that in her role as Patient Liaison and Communications manager, she is often asked a variety of non-medical questions by patients. In the past she has sign posted patients to the fire service for installation of smoke alarms and fire safety checks in their homes. PG commented that she has not had the same relationship with the police and agreed that she, Jo Radley and Tracy Webster should consider coordinating information to be able to include signposting and links to the services carried out by police for the benefit of patients.

TW commented that the perception and reality of better policing comes down to costs. The Commissioners Office has asked people what they think to increasing precept costs to enable improvements to police services. CS commented that overall people might not mind paying more to receive a better, more visible service. The group agreed.

TW suggested that police hot spot numbers are now being promoted to ensure that the public know and use them.

A member of the group remarked that contact numbers for non-urgent incidents are 'great' but the phone lines need to be adequately staffed and calls actioned. 999 is not always the most appropriate contact number but many people feel that this is their only alternative. In response, TW stressed that the 101 number for ongoing activity of an incident or crime should be used get the most appropriate police response.

JH commented that on some occasions incidents at the surgery warranted a 999 call. TW replied that is a common sense approach and is totally acceptable.

A member of the group commented that from experience, the health of the whole family can be seriously affected if they become are victims of crime. If

the police act quickly, this can make a great difference to the lives of the victims and improve an ongoing situation. The group agreed and a short discussion followed

Presentation by Jo Radley:

1. Jo Radley is a Social Prescribing Advisor for My Best Life. This is a new service for Barnsley. It is funded by NHS Barnsley Clinical Commissioning Group (CCG) and is run by South Yorkshire Housing Association. It was launched in June 2017 and the overall scheme has funding for 3 years.

The main aim of the service is to de-medicalise the social needs of people. Social prescribing advisors work with people to signpost them to non-medical support. The service can receive referrals from healthcare professionals, who include GPs, nurses or social workers, for people aged 18 years and over.

To date, the scheme has received over 500 referrals in the Barnsley area. 160 referrals of these are from the four GP surgeries JR works closely with in the south of Barnsley. JR works with people for approximately 10 weeks.

JR role is to signposts people to the most appropriate service. Some people just want a chat; others need help with discovering five steps to their 'wellbeing', for some it is practical help with benefits and financial services. JR is finding that she is working with more 18 year old vulnerable people. Overall, My Best Life is achieving positive results.

A member of the group asked if JR found that she just could not help some people. JR remarked that this can happen, but she is will be very direct with people in approaching and how they should deal with their issues. She tries to build confidence particularly with people who have 'lost' themselves. JR and the service give time and help people aim to find something else to focus on.

PG commended JR's work and the services provided. JR visits the surgery to access the computer system and to add to patient notes so that GPs can see the social prescribing service offered. JR, PG and JH have a good working relationship which clinicians at the practice appreciate.

JR showed two video interviews as an example of how the service had been a benefit and how it had impacted from the perspective of both the patient and GP (Dr Farmer).

TW remarked that the phrase 'They (patients) come to us because we are accessible', made by Dr Farmer was very obvious but the same response should also apply to the police and the services they provide; accessibility is key.

TW asked if JR's post was permanent – JR replied that the service has funding in place for 3 years with specific targets to achieve. The continuation of the service will depend on future funding.

A member of the PPG asked who and how the service was funded. JR responded that South Yorkshire Housing Association (SYHA) had bid for,

	and were successful, in winning the tender for the scheme.
4.	<p>Parking High Croft - Update (CS):</p> <p>1. CS briefed TW on the dangers and issues faced by patients, visitors and staff caused by inappropriate parking on High Croft. CS explained about the PPG petition to the Local Highways Authority carried out to support the implementation of a Traffic Regulation Order (TRO) to provide double yellow lines to restrict parking on the road.</p> <p>CS update to the group - the new TRO was revised which meant a delay in the consultation process. However, all the required legal documentation has been approved and is now 'sealed'. Work to provide parking restrictions and the appropriate signage will to be carried out in dry weather but this should be within the next 6-8 weeks.</p> <p>A member of the group asked why some traffic control measures had already been completed in the town centre. CS replied that this was because the highways authority only renewed the existing signage and lining etc which did not require a TRO or any public consultation.</p>
5.	<p>Sound Doctor:</p> <p>1. JH advised this is an online information service available for patients to access. It is being promoted by clinicians at the surgery to raise awareness of the information available to patients who suffer with certain medical conditions.</p> <p>JH circulated leaflets about the service which includes a series of short videos (2 to 3 minutes in length). The videos cover six medical conditions. JH asked the group to note that contrary to the information leaflet, there is no charge for Walderslade patients to access the information. The cost has been covered by Barnsley CCG for the benefit of our patients and is free. This will be promoted in the surgery newsletter. KG to action.</p> <p>Details on how to access the service are on the back of the leaflet. PG has contact details of a representative who can attend a future PPG meeting to present details. Following a short discussion the group agreed to invite the representative to the next PPG meeting. PG to action.</p> <p>A member of the group remarked that as a member of the Barnsley CCG Patient Council she was asked if Walderslade were promoting the service and had replied that yes they are!</p>
6.	<p>Update re DNA numbers and feedback from patients:</p> <p>1. PG reported an overall improvement in recent DNA figures. The MJOG messaging service to provide text, telephone and email reminders to patients signed up to use the service is having an impact in reducing the figures. CS commended the use of the service and the efforts to encourage patient to sign up to use it.</p> <p>KG added that when patient replies 'Cancel' to a reminder, the system automatically cancels the appointment leaving it instantly available for a receptionist (or the automated and online patient booking systems) to book.</p>

	<p>A member of the group commented that Health Watch have carried out a survey on the number of appointment which patients at the hospital did not attend (DNA) and asked why they did not ring using the cancellation line.</p>
<p>7.</p>	<p>Community Information: PG reported the following and circulated a number of leaflets for information:</p> <ol style="list-style-type: none"> 1. A new Dementia Café supported by St Andrews Church and Bernslai Homes. The café has been funded by the Ward Alliance & Tesco. PG advised that they are looking for volunteers to help out if anyone is interested. KG will promote the details in the next surgery newsletter. KG to action. <p>JH commended work Tesco does to benefit the community.</p> <p>A member of the group also remarked about the success of the ‘Rotherham Tesco Cooking for Kids’ initiative for 5-8year olds and praised the community activities of Tesco supermarket.</p> <ol style="list-style-type: none"> 2. Rockingham Ward Alliance leaflet for information. 3. Following Walderslade flu campaign, PG will promote Breast Cancer Awareness. 4. I-HEART Barnsley leaflet for information.
<p>8.</p>	<p>AOB:</p> <ol style="list-style-type: none"> 1. A member of the group commented about concerns following a recent instance involving her elderly neighbour. The neighbour was contacted by telephone about having a flu vaccination and was asked to attend a clinic that day. The neighbour got the impression that it was the surgery calling, however, it was the local chemist. The chemist was canvassing to get patients to have their flu vaccination with them. <p>JH responded that a pharmacy, and other outlets, can give vaccinations and they do target patients to have it with them. However, JH did express concern, in this instance, about how the pharmacy acquired contact details for the neighbour.</p> <p>JH went on to explain that the practice does promote flu vaccinations. Adult clinics, available between 9am and 1pm, are usually held on two Saturday’s during the autumn. On average 800 patients attend these on each day. Also individual patient appointments with a nurse at the surgery are available every day during October, November and December. In order to ensure that all eligible patients are given the opportunity to have their vaccination, the practice then contacts those who have not attended and invites them to have or decline it.</p> <p>CS commented that she felt that in general people have more confidence with clinicians and are happy to have their vaccination at the GP surgery.</p> <ol style="list-style-type: none"> 2. A member of the group is a member of the NHS Barnsley Patient Council and at a recent meeting the problem and cost of over ordering repeat

	<p>medication was discussed. Barnsley CCG is not happy with the issue of automatic repeat prescriptions. The group discussed various scenarios of over-ordering examples they were aware of.</p> <p>JH commented that she is a member of the Safety and Waste Steering Group where changes to ordering repeat prescriptions is high on the agenda. Walderslade Surgery is not part of the first stages of the proposed 'Prescribing Changes' to be rolled out by the CCG, but will be in the future. JH suggested inviting a representative from Barnsley CCG and the Waste Steering group to attend and speak at a future PPG meeting. This could be Spring 2018.</p> <p>3. A member of the group asked how the e-referral service is working? JH responded that most referrals are made electronically and initiate the Choose and Book process for patients to make their own appointment. It works well.</p>
9.	<p>Next meeting:</p> <p>1. Tuesday 5th December, 2pm at Walderslade Surgery.</p>