**Limefield Surgery**

**293 Preston New Road**

**Blackburn BB2 6PL**

**Minutes of Patient Participation Group Meeting**

**27th April 2015 at 1.00pm**

**Present**

**Patients: Christine Cooper, Briony Cumming, Tony Helm, Debbie Tunnicliffe, Ann Shuttleworth, Joe Slater (who attended as CCG Layperson Board Member)**

**Practice: Casey Hancock (PM) Jane Grogan (Staff Supervisor)**

**Apologies: Richard Reeve, Debbie Tunnicliffe**

**This meeting was primarily for feedback from your local NHS and CCG Boards and did not follow the normal Agenda for Limefield and Cherry Tree PPG.**

**CCG BOARD LAYPERSON VISITOR – JOE SLATER**

Joe Slater attended this meeting as CG Board Member layperson. The Board is made up of GPs, Clinicians, Practice Managers and laypeople.

Joe is stepping down from the board and expressed an interest in joining the PPG which is wonderful news and we would welcome his expertise and knowledge wholeheartedly.

Joe informed the Group about the changes with Blackburn with Darwen NHS and the CCG. We have funding from the Prime Minister’s Challenge which will go towards improving access to primary care across the region. There will be a new building on the hospital site where Patients will be triaged and signposted correctly. Part of the funding will allow GP surgeries to get “Dr First” system which is a telephone triage service. Patients will gain advice from a doctor over the telephone. The patient may get an appointment or simply given medical advice where applicable.

Commissioning primary care - 2012 saw this being taken away from primary care and handed to NHS England. Now this has been reassessed and CCG have now been asked to take back GP Services. A public primary care group will be set up for the public to be on a committee to decide what services they require from GPs in the borough. GP services cost approx. £20m in BwD with no NEW monies available. GP will investigate areas that do not work well and try to iron out problems

**This is how Blackburn with Darwen CCG has reported the funding:**

***“The Better Care Fund is a pot of money — £12.3 million in Blackburn with Darwen – which must be used to support health and social care services to work more closely in local areas.***

***In this area, a lot of work has already been done to integrate health and social care and we are 100 per cent committed to improving how we work together for the benefit of patients and their families and carers.***

***While the Better Care Fund is not new money, it does provide an opportunity to accelerate our work in the run up to and during 2015/16 to bring in the big changes needed to work in a more integrated way.***

***Working together to meet needs includes statutory organisations such as ourselves as the CCG, Blackburn with Darwen Borough Council and voluntary sector organisations in planning and providing a co-ordinated mix of care for those who need it.***

***We are involving patients, carers and other stakeholders in the developing of our Better Care Fund plans and are keen to hear your views.***

***If you would like to tell us how we could improve services so that they meet your needs please email***[***customer.care@lancashirecsu.nhs.uk***](mailto:customer.care@lancashirecsu.nhs.uk)***putting Blackburn with Darwen integrated care in the subject line of the email.”***

**CCG – TWO YEAR OF ACHIEVEMENTS - Taken from CCG Website**

We are now in a new financial year and with the CCG having had statutory responsibility for commissioning services for two years, I want to emphasise what we have achieved in that time.

When we were setting up the CCG I used an acronym LIDPIP to help me remember what to say when asked what the CCG was going to do. This prompted me to talk about our aim of making **life** better for the people of Blackburn with Darwen and one of the ways to measure this was if people lived for longer and had improved well-being or quality of life.

The way we were going to do this would be by working in partnership with both statutory and third sector, **integrating** services where possible and working with **individual** patients encouraging and enabling them to care for themselves as much as possible.

The CCG would make the maximum use of the membership recognising that **doctors** and other clinicians in regular contact with a wide range of patients were best placed to decide which services to commission, as well as gaining intelligence about the quality and effectiveness of those services.

We would try to provide care closer to home so that the right care was given in the right **place** at the right time.

We would be ambitious in our plans to **improve** services, not be afraid to **innovate** and would reduce the **inequalities** in health that we know exist.

Finally we would work hard at getting the **public** involved by listening to the voices of **patients** either directly or through their carers, Heathwatch and similar organisations.

So how have we performed?

Life expectancy has increased and from some of the patient stories we hear about how our integrated care teams are beginning to make a difference. The Health and Wellbeing Board has approved the plan for us to work together with partners using the Better Care Fund which involves close working between the CCG, Blackburn with Darwen Council, third sector organisations and both public and private sector providers of services.

We have formed four strong locality groups of GP members, and others, to enable a distinct approach to better meet the needs of communities, and work with a range of partners to improve the lives of people in those neighbourhoods. The intention is to make best use of the supports which exist and the resources held by individual patients and their family as well as friends and neighbours and more formal groups of paid workers or volunteer. We already have a directory of services which contains details of a wide range of sources of support and our CVS is a vital source of information of this type.

We have forged constructive relationships with colleagues and recognise how fortunate we are to have a unitary council and a Healthwatch which serve the same area and therefore population as the CCG. Meetings have been held with representatives of Patient Participation Groups attached to our practices and these give the opportunity for discussion about topics such as improving access and how we can improve the provision of information to patients.

We have recently reviewed our objectives and a revised set were agreed at our Governing Body in March. To remember these I now LIE and talk about:

Life expectancy, living better, living longer, adding life to years as well as years to life.

Integration of services with partners, tackling inequality, improving services, being innovative and imaginative.

Engaging with patients and public, encouraging people to care for themselves, commissioning effective services, enhancing the patient experience.

This does not mean that we have lost the clinical focus rather that it is now seen as routine to have clinical leads for service developments and for doctors to be prominent members of bodies such as the Health and Wellbeing Board.

Nor does it mean that we no longer want to move services closer to the homes of patients as with developments such as our intensive support to people in their own home we are trying to prevent people going to hospital unnecessarily.

As we enter our third year of operation we have new opportunities represented by starting to co-commission primary care GP services jointly with NHS England, as well as working with others to use the resources available from the Prime Minister’s Challenge Fund to deliver these objectives and make a significant contribution to improving the health and wellbeing of the people of Blackburn with Darwen.

I also want to report on two events I attended recently.  One was the official opening of the new leisure centre in the town centre; a joint venture between the college and the council. This already seems to be attracting more people to take exercise as a means of improving their health. The second was the presentation of certificates to people from local care homes who have been trained how to help people in their care who have suffered a stroke to regain as much independent functioning as possible. This is a partnership between The Stroke Association, staff from local residential and nursing/care homes and the NHS.  These indicate how both services available to the general public and those aimed at particular groups of patients are needed if we are to make the improvements we envisaged when we set our objectives.

**Feedback from Clinical Commissioning Patient Participation Group Meeting**

Patient participation groups (PPGs) are groups of patients interested in health and healthcare issues, who want to get involved with and support the running of their local GP practice. Most PPGs also include members of practice staff and meet at regular intervals to decide to help make a positive contribution to the services and facilities offered by the practice to its patients.

The activities of PPGs vary but quite include they include the following:

Improving communication with the practice population through newsletters, websites and other means

Organising health promotion events in partnership with the practice

Providing strategic advice, influencing commissioning and carrying out research

Supporting the practice in its dealings with other bodies

Thank you to Ann for taking these notes at the Regional PPG meeting on 16th March.

**Care.Data** – no progress until after election. This is the new project for making your medical records more transparent – having up to date information in order that health services outside your usual GP surgery can view records and collate for information. You can also view your own medical records. Further information on this is in the waiting rooms. (PM will keep all patients informed of news when available).

**Beez Cards** – gets you discounts and savings at BwD leisure facilities. Their up to date service is called re@fresh – Enabling access to health trainers, community sports forums, Healthy communities partnership. Website address: http://www.refreshbwd.com/about-refresh/

**Technology** – coming soon

Texting reminders for patient appointments – this will be introduced across the region.

A roll out system called telehealth will be introduced with texting messages and apps for people to take their own bp for monitoring severe health needs.

Patient online services – CCG has a dedicated GP to integrate technical services across BwD. (We are lucky at Limefield as that GP is our own Dr Hereward Brown).

Part of this “new technology” is that patients can book appointments on line, order repeat prescriptions and the new stage patients can view their own medical records.

**Statement from Casey Hancock (Practice Manager)** – my apologies that these minutes are primarily about what is happening to the NHS within your locality. However I think it is important for our patients to understand what is happening locally and the wonderful improvements to healthcare that Limefield and Cherry Tree surgeries need to embrace and introduce to all our patients.

Although all of you were unhappy to see Dr Gebbie leave us in March we are delighted to inform you that Brenda Ralph is joining us on 1st June – giving us back over 90 appointments per week to be ab le to offer our patients. Obviously Brenda will be a huge help to Dr Burn with well women clinics and giving us many more “female” run appointments.

I would also like to welcome on board Pippa Knowles who has a background in the emergency services and joins us as receptionist/administrator. She is a breath of fresh air with her bubbly personality and caring attitude and I am sure you will all meet her eventually.

**6. Date of next meeting**

Monday 6th July 2015 at 1pm.

**Please note our Website address:** [**www.limefieldsurgery.co.uk**](http://www.limefieldsurgery.co.uk)

**IF ANYBODY WOULD LIKE TO CONTACT CASEY DIRECT ON ANY ISSUE IN THESE MINUTES OR REGARDING THE PATIENT PARTICIPATION GROUP YOU CAN CONTACT HER DIRECT ON 01254 617639/07961 761058**