MINUTES OF THE LUPSET HEALTH CENTRE PATIENT PARTICIPATION GROUP HELD ON TUESDAY 13TH FEBRUARY 2019, AT 13:45

**Present:** DS (chair and secretary), MC, GH, SI, JB, MM, SP, ML, AH (Manager Boots Pharmacy).

**Apologies:** SR, RB, SW, LH, YE

|  |  |  |
| --- | --- | --- |
| **Item** | **Description** | **Action** |
| 1.1 | DS thanked everyone for attending and opened the meeting by introducing Alicia whom some may not have previously met. |  |
| 22.12.1.12.1.22.1.3 | **Minutes and Matters Arising**The PPG agreed that the previous minutes were accurate. The following were matters arising:DS confirmed that the additional £50 cheque had been presented to Wakefield Carers.DS said that he had fed back to the network the views concerning patient support to the practice / network but this was superseded by the new NHS contract and this would be discussed further.DS stated that WMDC had filled in the potholes at the bottom of George A Green Court after this request. |  |
| 33.1 | **Friends and Family Test** No responses this month. |  |
| 44.14.24.3 | **Update on On-Going Work Strands**Healthcare advisors. This initiative has been put on hold as the new NHS contract encourages more “self-care” which the network is hoping to progress.Practice volunteers. As above but the practice is still keen to have volunteers, both from the PPG and other patients, to promote self-care and help other patients as part of groups.EPS and eRD. Both DS and AH spoke about the NHS England initiative to increase the number of repeat prescriptions requested electronically. Both also reiterated the drive to have repeat dispensed items done electronically. DS said that part of the new contract was “digitisation” which encouraged patients to use the internet to access their records on line. By April 2019 all newly registered patients should have access to online services. |  |
| 55.15.25.35.45.55.6 | **New Work Strands / Patient Driven Initiatives** Care Navigation / Active Signposting. DS described the difference between the two and outlined that both of these form core parts of the new NHS contract, with an expectation that patients will be directed to the most appropriate service available. It is expected that successful implantation of this may save a significant amount of GP appointments.Reducing DNAs. Again DS said that this is part of the new contract as it is recognised that there are still a significant number of patients not attending appointments without cancelling them. Work at PPG level had already been done on this but it was agreed that this should be revisited within the scope of the new contract.New consultation types. Not every consultation needs to be with a GP and even then not every GP consultation needs to be face to face. The new contract is exploring new ways to consult with patients. Lupset HC already has a telephone consultation clinic and extra appointments are available with each GP each day for them to pro-actively contact patients (for example with test results that need to be discussed but not in a full consultation). Lupset continues to embrace new technology such as video consultations and will work with the network to trial and implement such innovation where appropriate.Social Prescribing. DS described social prescribing as non-clinical intervention to assist a patient who may by socially isolated or in need of some support and is unsure how to get this. This is another key part of the new contract. Lupset works very well with the 3rd sector and in particular the Community Anchor from St George’s who has regular social prescribing / intervention clinics at the surgery.Supporting self care. The new contract recognises that this plays a key part in the health and social care of patients. Patients who understand their illnesses and take ownership of active and bi-lateral care will invariably have much better outcomes than those that don’t. The network and the practice are looking into this aspect of health care with a view to much greater patient involvement and the network patient groups’ participation will probably greatly assist in this work.Spring Newsletter. It was agreed that the newsletter would have items on DNAs, self care and signposting as well as EPS / eRD. | **DS to draft** |
| 66.1 | **Patient Suggestions and Comments**There were no patient comments to discuss. |  |
| 77.17.27.2.17.2.27.2.3 | **News from the Practice / Network / CCG / DH**GP Care Home. DS reiterated the practice’s involvement in the GP Care Home Scheme as part of a network submission. GP Care Home is a national initiative which is now enshrined in the new NHS contract to encourage GP surgeries to work with fellow health and social care stakeholders at all levels to improve the health of patients within agreed local initiatives, depending on the needs of that locality. It appears that NHS England views GP Care Home and practice involvement at network level as a key part of the new contract.NHS Long Term Plan. DS briefed that the NHS had recently published its long term plan for health and social care for the next 10 years. He said that a large part of plan accepted that investment must be made in Primary Care with a trend towards other suitably qualified healthcare professionals (pharmacists, social prescribers, physiotherapists and physician associates) that will assist by seeing the appropriate cohort of patients. He specifically briefed on the following initiatives:Prevention of long term diseases by identifying and supporting patients who have a “pre-condition” in that they are getting close to diagnosis but may be helped beforehand to prevent that diagnosis (diabetes, respiratory and some cancers)Assistance for patients with mental health issues such as learning disabilities and autism. The drive will be to commission more community based services. Digitisation. The NHS recognises the increasing requirement for patients to be able to book appointments, order prescriptions and even call up records and results on line, as well as health related apps being available. |  |
| 88.18.28.38.4 | **Staff updates**DS briefed on the following staff updates:The new GP Registrar Dr OA is with us for 6months.Dr IL is a returning GP Registrar who will be with us for approximately 3 months until she departs on mat leave.The prescription clerk (SC) returns from mat leave on 31 Mar. However the duties will be split between her and the 3 staff members who have covered her absence to ensure continuity of skills across the whole team.The nursing team was put forward for the CCG ‘team of the year’ for their continued support to training and recruitment of student nurses. They were runners up in a very close competition with a record number of submissions. Some PPG members witnessed the Lead Nurse from the CCG award the team their prize and certificates. |  |
| 99.1 | **Charity Update**It was agreed that due to the two large recent donations the money would be allowed to build up before deciding on further donations. |  |
| 10.10.110.210.3 | **Pharmacy Updates.** The following was discussed: DS briefed that the outer doors had finally been fixed.AH briefed that Boots was making some changes to the operation of the store. These included relocating the stock to make more room, implementing an express pick up facility and using new messaging technology to inform patients of wait times, delays etc.DS and AH both briefed about the NHS England requirement to increase ordering prescriptions on line and using electronic repeat dispensing where possible. It was agreed that this should be put in the next newsletter but the fact that paper request can still be used should be reiterated so as not to confuse some patients who may not have access to the internet, or don’t want to use it. | **.****DS to draft newsletter** |
| 11 | **News from Patient Network Group** GH stated that the next PNG meeting is not until the following week so there was nothing to brief at this meeting. DS asked GH if she was still interested in attending both the Network Patient Group meetings and the Network / Federation meetings. She said that she was and DS agreed to feed this back to the network at the 14th Feb meeting.AFTERNOTE: The network thought that GH attendance at both was seen as very important and they agreed to her attendance at the forthcoming Network / Federation meetings and they agreed to speak to the Chair of the Network Patient Group to reinstate the patient meetings. |  |
| 1212.112.212.3 | **AOB**A member stated that the correspondence about cervical screening was not clear enough and had caused some confusion with a patient. DS agreed to look into this.During the discussion about screening a member brought up the fact that she had read about “AAA screening” and asked what this was. DS briefed that this is abdominal aortic aneurism screening and explained that it is simply a non-evasive scan that looks at the main blood vessel from the heart through the stomach area to ensure it is not enlarged. The screening is done on men in their 65th year as this is deemed to be the most appropriate time. This prompted some debate about the relative pros and cons of this, particularly the stage at which you have to report to DVLA. DS agreed to get some information to publicise this to patients so they may make an informed decision.MM stated that her husband had started exercising by doing “walking football” at a venue near Denby Dale Rd. She said that this was very good for both exercise and meeting others and was to be encouraged. It was agreed that her husband should contact DS with details so this could be advertised in the surgery and passed to both clinicians and care navigators /social prescribers. | **DS****DS** |
| 1313.1 | **Date and Time of next Meeting** The next meeting is scheduled to be held on Thursday 18th April 2019 at 13.45. |  |

Proposed PPG meetings for 2019, all at 1.30 for 1.45 start:

Thursday 18th April 19

Monday 17th June 19

Tuesday 13th August 19

Wednesday 9th October 19

Thursday 5th December 19