

Notes from Heath Lane Surgery Patient Participation Group Meeting

Held: Thursday 30th November 2017

- 1. Present:** Janet Gregson; Dr Sarah Holt; Andree Light; Diane Lucking; Margaret Stevens; Clare Taylor (Chair); Hazel Thomasson; Eunice Ward.
- 2. Apologies:** Roger Ellis; Matthew Hulbert; Jeanette Poole; Ann Myatt; Donna Macintyre; Ann Sowman; Martin Strange; Jackie Telford; Leanne Thomasson; Ann Walsh.
- 3. Welcome:** Andree Light was welcomed to her first meeting and thanked for her suggestions during the ad hoc flu clinics.
- 4. Presentation:** Simon Churchman, Contracts Manager for Places for People (PfP), the company which runs Hinckley Leisure Centre, gave an enlightening presentation on the work carried out at the new Leisure Centre. Their focus was to encourage new users and promote health and fitness. The Leisure Centre in Argents Mead opened 18 months ago, since then the following advances have been made:
 - Adult swimming up 82%, completely bucking national trend
 - 500 GP referrals per month
 - Dementia friendly facility with staff trained to recognise potential difficulties
 - Under 8's free swimming
 - Over 60's – 5 free swimming sessions per weekPfP are a social enterprise; in order to re-invest they need to make a profit, but 100% of profits are reinvested.
Membership costs £19.90 per month; junior members £14.90 per month.
AM remarked on parking issues which had occurred since the new Leisure Centre opened, with users parking on the Hospital Car Park; SC agreed to work with the Council over this issue.
SH asked about access into the pool; SC outlined the benefits of the 'Pool Pod' which is used to get less able users in and out of the new pool.
- 5. Matters arising from Notes of last meeting (28th September 2017) and not on the agenda.**
One correction was made **Point 12.3: Release of detailed clinical records to patients:** had brought this subject to the table during Any Other Business; the issue will be on the agenda for the January 2018 meeting.
All other issues covered in the Agenda.
- 6. PPG Secretary:** There were no nominations or volunteers for this post therefore the position will stay open; members were given details of the role (taking

minutes at our meetings, writing these up, checking, then passing to the Practice for distribution, plus any other Secretarial duties they wish to undertake).

7. Practice Updates: *Dr Holt reported in behalf of Ann Walsh*

7.1 Extension to Premises: Planning permission was granted on Friday 24th November 2017. The Architect is now making final adjustments to Plans and the work is expected to go out to tender in January with an anticipated start date in Spring 2018. As expected, parking issues had arisen during the planning process; this was resolved by agreeing to some staff double-parking with a request being made for release of Bowley's land early, to increase patient parking spaces. CT agreed to contact Earl Shilton in Bloom over temporarily moving the plants in the Dialysis Garden during the next three months. **Action: CT**

7.2 New Trainee Medical Staff starting December 2017:

Neeloy Datta ST1 to begin GP training

Anhar Hussain FY2 to begin GP training

Dr Daya and Dr Aiden, GP trainees, are staying with the Practice at present.

Dr Sundip Hira, FY, is leaving but Dr Holt was delighted to report that Dr Hira will be embarking on GP training.

7.3 Medical Student Training: The Practice has been approved for Medical Student Training; this involves medical students observing the work of GP's, District Nurses, and other health professionals (patients will not be seen alone by medical students). Dr Lawrence is leading on this project which should enable medical students to begin to consider a career in this short-staffed area of the profession. The project comes under the auspices of the new Hinckley and Bosworth Academy which consists of six Practices in the area, nominated GP's will provide joint tutorials for this cohort of student doctors.

7.4 Research: All Practice GP Partners are now trained to undertake academic research having attended 'Good Clinical Practice' courses. Patients may be invited to participate in Lifestyle Questionnaires, Studies into Diabetes etc.

7.5 New Practice Manager: Leah Hart has been appointed. Leah has 10 years previous experience in a similar role. Leah is due to take up her post in March 2018. There will be a short overlap period during which Ann will remain as Practice Manager. Ann will then move to a completely new role relating to the new building project and input into research activities. It is expected that Ann will retire completely in Spring 2019.

8. Flu Clinic Update: Members who assisted with the Flu Clinics this autumn were thanked.

Clinics ran very well and the new ad hoc clinics were particularly successful.

Documentation was distributed giving a breakdown of data for 2017 and 2016

(available on request from AW for those who were not at the meeting). **Pertinent numbers are as follows:**

Total Given by HLS to date in 2017	2982	(328 more than same time in 2016)
Total Given by HLS at this point in season (30.11.16) 2016	2654	
Total overall given in 2016	3065	
Vaccinations given elsewhere which HLS has been informed about	304	Pharmacy or other Healthcare Provider
Saturday 1 st October 2016	930	Booked appointments
Saturday 22 nd October 2016	796	Booked appointments
Total given at clinics 2016	1726	
Saturday 7 th October 2017	927	Booked appointments
Ad Hoc Walk in's	462	(Note: PPG members believed that 577 vaccinations had been carried out at these clinics)
Total given at clinic and ad hoc 2017	1389	
Targeted patients for rest of 2017 season	593	

PPG Comments relating to flu vaccination 2017:

RE had led on the Saturday 7th October clinic and provided a written report explaining that it went very well – the comment being ‘where is everyone?’ PPG members were able to spend more time on questionnaires and screening sign up; but the clinics at the far end of the corridor said they had nothing to do. Perhaps a need to review staffing levels for the Saturday clinic in 2018.

Ad Hoc clinic volunteers observed that they had more time to speak with patients; feedback from patients was that they liked the ad hoc clinics but would have valued being informed in advance in order that they could organise to come along – attendance ended up being through word-of-mouth which excluded some patients (apparently the Mayor was telling people to come along during the Tuesday Market). Members expressed concern that if ad hoc clinics are advertised there would be a rush on Monday morning which may disturb the waiting areas.

Could the ad hoc clinics be advertised and a booking system used?

Ad hoc clinics need an administrator with the Health Professional at all times in order to run efficiently.

If we do advertise then staffing needs to be weighted to the first day – starting early morning.

Patients definitely valued NOT having to queue – this was a very welcome improvement (particularly for the frail elderly and vulnerable in inclement weather who felt that we had previously not taken their needs into consideration).

Perhaps hold the main Saturday clinic a week earlier (end of September) in order to pre-empt advertising from Pharmacies.

Perhaps hold ad hoc vaccination sessions for two weeks starting as early as possible in September 2018.

Members who were unable to attend our November meeting may have further comments – these should be sent to AW.

9. Publicity:

9.1: PPG Website: CT had spoken with the Practice IT Manager who had agreed to meet with her in January 2018; meanwhile he will look at the website to identify any improvements to navigation that could be made. SH distributed a pie chart which illustrated the numbers of 'hits' our website had received during the preceding 12 month period; a peak came during September which would coincide with the flu campaign (an offshoot of which was sign up on-line). Members acknowledged that this was an excellent, well-used resource which should be capitalised upon. **Action: CT.**

9.2: Newsletter: The Practice now has a wealth of news and information which patients could find useful. HT agreed to speak with LT (?) about preparation of a bi-annual Newsletter which could be distributed both on paper and via the website. HT would speak to the Practice IT Manager over formatting. Aim is to produce Newsletters in February and August 2018. **Action: HT**

9.3: PPG Leaflet: CT was working on a leaflet which explains the role of the PPG; this should be completed for viewing at the January meeting. **Action: CT**

9.4: Terms of Reference: CT has almost completed a draft Terms of Reference which will go to AW for approval in due course. **Action: CT**

9.5: Virtual PPG: Promotion of this group will follow updating of website and production of PPG Leaflet.

10. Social Prescribing/Active Signposting:

CT had further explored the concept of Social Prescribing and spoken with Jade Atkin who was leading on this project for West Leicestershire Clinical Commissioning Group (CCG).

SH outlined the advantages of Active Signposting from a medical perspective, explaining that assistance with form filling and direction to expert non-medical services (through information provided on the First Contact Plus website) would save the time of medical professionals and provide a valuable additional service for patients. This would definitely be a signposting rather than Adviser role.

The proposal is that a rota of volunteers would be available on perhaps one morning each week; patients would be referred by health professionals and would book into pre-timed slots to meet with volunteers.

Information would be given on how to consult with expert services and where possible appointments made, where appropriate assistance could be given with form filling. Training would be provided.

HT raised Health and Safety issues and suggested that it would be safer to have two volunteers working together; this would also address some of the boundary and attachment issues which may occur with just one volunteer working alone. AW had invited the new Local Area Co-ordinator, Kelly Smith, to hold sessions within the Surgery on 1.12.17 to explain how Active Signposting could work in practice. AM and HT kindly agreed to attend to find out more about the proposed project and report back on their observations. **Action: HT and AM to report back**

11. Brief Feedback from health-related meetings attended: CT reported on:

11.1: Hinckley and Bosworth PPG Locality Group Meeting (4.10.17) attended by MH.

11.1.1 Integrated Locality Teams: Presentation by Jessica Williams from Integrated Leicester, Leicestershire and Rutland Points of Access who explained that her organisation was tasked to bring together all support agencies through one point of contact. The development is connected to Home First and is part of the STP plan which is developing Integrated Locality Teams. The organisation has been looking at the ways in which patients navigate social and medical care. There is now a hospital Integrated Discharge Team which aims to help patients make the transition back to the place they call home; however, patient pathways are still unclear.

11.1.2 Non-Urgent Hospital Transport: Issues had occurred during the change from Arriva to **TASL**; these were now being addressed and new systems established.

11.1.3 NHS Funding: LLR had received £40m from NHS England to invest in intensive care and to create a purpose-built acute Ward for Child and Adolescent Mental Health Services with a focus on Eating Disorders at Leicester Glenfield Hospital. Hinckley's bid for a new Endoscopy suite was not granted at this stage.

Next meeting 4.01.18 Heath Lane Surgery.

11.2 PPG Network Meeting: (15.11.17) attended by CT and MH

An update from the meeting had been distributed to all PPG members on 24.11.17. CT highlighted the following points:

11.2.1 Non-Urgent Hospital Transport: Reasons for issues which occurred following the transfer from Arriva to TASL – absenteeism of drivers; late-receipt of data from Arriva; incompatible systems; TASL working closely with CCG to resolve all issues.

11.2.3 Continued development of Integrated Locality Teams.

11.2.4 GP Forward View focusing on:

- Adults with five or more chronic conditions
- People who are frail – regardless of age
- Adults who are likely to require higher than average hospital care over the next year.

11.2.5 Patient Participation Groups – building better participation; examples of actions taken by other PPG's to improve participation include:

- Monthly notices in local newspapers and magazines;
- Supporting Practices to collect e-mail addresses and promote on-line sign up;
- Included PPG details in Practice Leaflet for new patients;
- Delivered by hand flu vaccination letters to eligible patients;
- Reviewed patient letters sent out by Practice to confirm clear English;
- Use of flu jab day to spread other messages;
- Carers support coffee mornings;
- Medical Waste Campaign;
- Talked to patients re. Enhanced Summary Care Plans.

11.3: Hinckley and Bosworth Health and Well-being Partnership Meeting (27.10.17) attended by CT representing the PPG Locality Group

The Partnership consists of representatives from Hinckley and Bosworth Council, Health, Library Services, Hinckley Leisure Centre, Department of Work and Pensions, West Leicestershire Clinical Commissioning Group and others. Discussion over Integrated Locality Teams; waiting times to see GP's (CT explained that there were no issues in relation to HLS); connectivity with George Eliot Hospital (approx. one third of GEH patients are from the H&B area); Hinckley Leisure Centre health outcomes; Schools Network; Sport and Physical Activity Commissioning; Feedback on Health Inequalities; Health Ambassadors; Partner Updates.

Next Meeting 26th January 2018 – CT has been invited to attend (meeting is not public and is by invitation only).

12. Any Other Business:

12.1: Physiotherapy: AM raised the issue of the lengthy wait to see a Physiotherapist in the Surgery. SH explained that the service had been reviewed and that whilst the review was occurring the Surgery had been asked not to book appointments, hence the delay or referrals to Hinckley. Two Physiotherapists were employed by WLCCG, both practitioners spent one day each week at our Practice. 12 – 13 weeks referral time appears to be usual.

12.2: Phlebotomist Appointments: AM asked about waiting time for blood tests; SH explained that the Phlebotomists come out from George Eliot hospital and that GP's indicate the urgency of blood tests. SH agreed to make more enquiries into reasons for any extended waiting. **Action SH**

12.3: Text Messages re Summary Care Plan: DL had received a text from the Practice regarding signing up the Enhanced Summary Care Plan; she had several comments over the wording. It was suggested that she speaks directly with AW over this issue in order that appropriate amendments can be made. **Action DL**

12.4: January Display for Main Waiting Room: CT had begun to plan a display entitled 'Reminders for the New Year'. This would include information about the Health and Nutrition; Enhanced Summary Care Plan, Signing up on-line with the Practice and Organ Donation. Any other ideas for this display would be welcomed. CT will ask MH whether he could prepare a Press Release to coincide with this campaign which will launch on 9th January 2018. **Action CT / MH**

The meeting closed at 8:40 (2 hours 10 minutes duration).

**Next HLS PPG Meeting: Thursday 25th January 2018 at 6.30 in Meeting Room HLS.
Items for the Agenda to CT before 18th January 2018 please.**