



Minutes of the Patient Participation Group Meeting held on Tuesday 12th August 2014

Agenda Item 1: Registration and Badges

Prior to the meeting, name badges were handed out to all present.

Present: David Lloyd (Chair), Sheila Dale, Toni Rampello, Clive Robinson, Dorothy Lloyd, Nigel Vaughan, Stephen Bates, John Neale, Gordon Lovell, Judith Westell, Fay Read, Maureen Gladwin, Linda Boutin, Jan Lloyd, Christine Cartwright, Jane Hanlon (Practice Manager, Dr.Paul Staten (GP)

Jan Hanlon introduced Sandra Agnew and John Agnew who were founder members of our PPG.

Agenda Item 2 : David Ridley Governor and Dave Johnson Community First Responder and Governor - representatives of South Central Ambulance Service

David Ridley introduced himself and explained that there were two objectives he wanted to cover: 1. The ambulance Service and
2. How it affects the public.

There are two films that are usually available for talks but unfortunately he was unable to show them at our meeting. One is a BBC film – What happens in the Ambulance Service and the other is Mis-Use Campaign of the Ambulance Service. These can be accessed on their website at www.scas.nhs.uk. However David said he would do his best to provide the information.

South Central Ambulance Service NHS Foundation Trust (or SCAS for short) is part of the National Health Service (NHS). It was established on the 1 July 2006 following the merger of four ambulance trusts in the counties of Berkshire, Buckinghamshire, Hampshire and Oxfordshire. This area covers approximately 3,554 sq miles with a residential population of over four million. On 1 March 2012 SCAS became a foundation trust. Their emergency operations centres handle around 500,000 emergency and urgent calls each year.

South Central Ambulance Service NHS Foundation Trust have key strategies :

Objectives are:

- Strive to improve care
- Search for new ways to improve care
- Search for new ways to ensure the right care first time for patients

Anyone interested in becoming a member of the Foundation Trust can find more information by email at getinvolved@scas.nhs.uk.

There is a great need to reduce the number of preventable, avoidable calls, and the public need to be aware of the types of call numbers and how to use them appropriately.

- The accident and emergency service to respond to 999 calls
- The 111 service for when medical help is needed fast but it's not a 999 emergency
- The Patient Transport Service – for non- emergency journeys

The accident and emergency service to respond to 999 calls

SCAS is embarking on a programme of change in the way pre-hospital care is delivered, working to treat more patients in their homes in order to better meet their needs and prevent unnecessary trips to the hospital. Where hospital treatment is required modern ambulance crews have additional clinical training and can carry out more lifesaving procedures on scene and on route to the hospital.

The 111 service for when medical help is needed fast but it's not a 999 emergency

NHS 111 – replaced NHS Direct, this service is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

The Patient Transport Service – for non-emergency journeys

The Patient Transport Service performs an important role in taking patients to and from their hospital appointments.

Community First Responders (CFR)

Dave Johnson is a volunteer CFR and also a Governor with SCAS – and explained the role of a CFR.

They are trained as a minimum in basic life support and the use of a defibrillator, and attend compulsory training to refresh skills or treatment every six months. The CFR can provide early and often vital intervention for patients suffering life-threatening emergencies in the immediate vicinity of where they live or work. In case of cardiac arrest, for every minute that passes without cardio-pulmonary resuscitation (CPR) and defibrillation, a patient's chances of survival decreases by 14%. The CFR answer calls in their neighbourhood, therefore, the potential for them to arrive on scene before an ambulance, especially in rural areas, is vital in providing immediate life-saving treatment. Once the ambulance arrives the paramedics take over, and the CFR can then help calm relatives.

Our speakers were thanked and presented with a small donation for their informative and interesting talk, both speakers will both be donating the money to a charity.

Agenda Item 3: Apologies

Silvia Ellwood, Mark Pittam, Rosi Shunmoogum, Sam Shunmoogum and Angela Lovell.

Agenda Item 4: Adoption of the minutes of the meeting held on Monday 14th July 2014

Copies of the minutes were circulated prior to the meeting and were adopted as an accurate record of the meeting. They will now be published on the website.

Agenda Item 5: Matters Arising

(a) Red House Rovers : Judith reported that:-

The group had a walk at Caldecotte Lake on the 12th August which was excellent.

The next walk is scheduled for 27th August from the Nut & Squirrel Pub at Westcroft.

Heat Magazine is setting up walking groups.

(b) Congress meeting: report and to recruit more deputies:

Steve, our representative at the Patient Congress meetings reported that there was no report from the Care Pathways and Primary Care Group as the relevant person was not at the meeting.

Gordon Lovell offered to attend the meetings as a deputy for Steve.

(c) **Congress Report for Red House PPG**

1. Following the disappointing and dismissive attitude displayed by CCG representatives to the Chairman and Secretary of Patient Congress, coupled with the departure from the CCG of Jeannie Ablett, Mike Newton has written to Dr Nicola Smith to seek clarification of the position of Patient Congress in the eyes of the new leadership.

It was proposed to raise the issue of the CCG's Draft 5 year Plan. Patient Congress is identified in the plan a number of times as valued stakeholders, yet we were not given a copy of the plan for our views until we asked for it!

2. Reports from Programme/Projects

Mental Health – Plans for the Drug and Alcohol service; New Offenders Project; Dementia – main target is to identify the high proportion of people with dementia. The refurbishment of the Campbell Centre is progressing well. Concern was raised about mental health services being offered in north London instead of locally.

Children, Young People & Maternity – A number of issues were raised including the increase of maternity nursing staff but there are still consultant vacancies; Child mental health is suffering from a shortage of beds locally and throughout the county due to funding problems; Safeguarding children – a steering group has been set up to link agencies concerned.

Adult Hearing – a recent workshop helped to clear up a number of queries – where hearing aid batteries can be obtained; where hearing aid maintenance is available; and where drop-in hearing tests are available. A map showing where each of these is available is being prepared and when I get a copy I will make it available.

3. MK/Bedfordshire Health Review. One of the Congress was attending the meeting on 24th July, intending to try to ascertain the position regarding the MK A&E – in the light of the allocation of funding for improvements, plus intending to ask how the £3.5m funding for the review has been allocated – who has got what?

A number of surgeries have responded to the Review proposals for primary care, in particular the centralised model was not at all popular and some were opposed to the hub and spoke proposal.

4. The CCG 2 and 5 Year Plans – Following discussions it was agreed that Patient Congress should form a constructive, critical view of the plan to help the consultation process. I have reviewed the document and submitted observations to Mike Newton, Congress Secretary.

My main concerns raised were that the document appears to be an older document which has been largely cut and pasted, and not always done professionally; There are a number of references to Patient Congress which suggest a good level of consultation and information-sharing, yet we only get what we ask for and if we don't know about something, we cannot ask to view and consider it – hardly a good level of consultation and information-sharing! There is little reference to the Healthcare Review and a weakness in the integration of the possible outcomes into the report. Also there is no Communication Strategy, which for a document issued by the NHS which claims to take public engagement and patient consultation seriously, is a major failing.

Those were the main things discussed at the July meeting.

(d) Red House Horticulture

It was reported that bulbs would again be planted in readiness for the Spring, and that violas would be planted in the meantime. Angela would like to know if members of the PPG have any suggestions for plants they would like to see in the planters. There were no new suggestions and thanks were given to Angela for keeping the planters looking so beautiful.

(e) Future Speakers

David read out a letter received from Diane Finlayson thanking us for the donation the PPG made after the talk about the work of Willen Hospice, it was very much appreciated.

Jan Lloyd has arranged for Steve Offord, Safety Officer for West Bletchley Council to speak at our meeting in October.

David asked Jan if she could arrange a speaker for the November meeting, so that December is free for our usual meeting and Christmas get together. Jan will look into a speaker as she has several contacts she can try.

(f) Planned visits

John Neale has contacted the Safety Centre for a return visit to Hazard Alley, he had two dates – Thursday 9th October and Thursday 16th October. The meeting agreed the 16th October to be the most suitable. There were a few members who would like to attend. John will confirm this date and asked if anyone else would like to attend to let him know. David will email Maureen with details of the contact at the Pathology Laboratory so that she can arranged a visit there in September.

Agenda Item 6: Newsletter Update –To welcome the new edition of the newsletter and to congratulate the Editor, Printer and all involved in producing the new edition The members agreed the latest edition was excellent and very informative. Thanks were extended from David to Nigel, Angela, Alison, Jane and everyone who provided articles for the Newsletter.

Agenda Item 7: Review of General Practice in Milton Keynes

- (a) Freedom of information request letter. (This was circulated as an addendum to the draft minutes.) To consider the detailed response from Dr Smith.

So far David has not received a reply to his FoI letter. The surgery had contacted David asking him to give them permission to pass on his email address to the CCG. As it is now well over 20 days David will write to them again emphasising that this was a FoI request, and that he would appreciate receiving answers to the questions contained in his letter.

- (b) Responses to letters from individual members of the PPG to Dr Smith

Several members have sent letters to Dr Nicola Smith and had received replies, which seemed to be a standard letter.

David read out a reply from Dr Smith to Sheila Dale, which was slightly different to replies received by other members. Sheila reported that she had replied to Dr Smith and asked for the needs of people with hearing difficulties to be considered when ‘looking at new ways to communicate with patients’

If anyone would still like to send a letter there is still time to give your concerns about the future of GP Services in Milton Keynes.

Agenda Item 8: News from the Surgery

Jane updated us with surgery information.

- Jane said that the General Practice Survey results have now been published and a copy was available to view. Red House are doing very well in this report but fall down very slightly on the ease of getting through on the telephone. However, the survey related to July 13 – March 14 and the new telephone system was installed in May 14 so it is hoped that future reports will show an improvement.
- **David congratulated the practice GPs and staff for doing so well.**
- Patient Participation Enhanced Survey – will contain four components which are: 1. To have a PPG. 2. For the PPG to review National GP patient survey and FFT results when available and agree any changes with the practice. 3. Practice and PPG to pull together an action plan based on at least 3 key priority areas. 4. Practice to implement the improvements and publicise the actions taken to the practice population. Report templates need to be published on their website by the 31st March 2015. David proposed to have this as an agenda item over future meetings.
- Having looked at the infection control policy the surgery are suggesting they install new hand wash, moisturisers and sanitizers within the surgery. The

PPG agreed that this is in line with their own thoughts and it was agreed to proceed with this work.

- The PPG agreed that they felt sanitizers in the waiting areas would be an improvement for the surgery to undertake.
- Flu Clinic planning has been undertaken and the dates for the clinics are planned to be on two Saturdays the 27th September and 11th October.
- The Surgery will be introducing the Friends and Family Tests (FFT) – Jane will update us at the next meeting.
- There is going to be a poster campaign to encourage appropriate use of the Accident & Emergency Department at the Hospital, for the public to use 111 Service rather than the 999 number.
- The Olney Dementia Project (funded by the Friends of Cobbs Garden Surgery) have organised an award winning one man show at The Stables, Wavendon on Monday 22nd September 8pm Tickets £10.

David asked if there had been any progress regarding whether the Red House Surgery would be closing their books. Dr Staten is still progressing this.

Agenda Item 9: GP update

Dr Staten had attended a meeting recently where GPs had made it clear that they were not in favour of a single practice on the hospital site or a collection hub of 4-6 large practices. It was felt that the only possible idea which GP's may agree to would be federation of Practices. He learnt that some funding for GP's in future may be withdrawn, pieces of work, such as immunisation programmes could be carried out by Virgin Healthcare and others. If this goes ahead GP's would be required to put in bids for funding clinics they had previously been providing and the only way this would work may be to federate together with likeminded practices. Dr Staten had suggested that if the CCG want the views of patients they should contact PPGs and not rely on public meetings which do not always seem well attended. It is likely that practices will federate together in some form to protect the survival of GP Surgeries. Dr Staten also mentioned that practices had not been informed of the five year plan until very recently.

Agenda Item 10: A O B

- (a) Sam Shunmoogum had spoken to Jane to ask if the Practice would like to put a water butt outside the front of the surgery so that PPG members could water the planters at the weekends. There is a safe area for a watering can to be kept nearby. Dr Staten agreed that the GP's would be happy to supply this.
- (b) Sheila Dale advised that one of the points she had raised in her letter to Dr Smith was how difficult it is in waiting areas for hard of hearing patients to hear. What may be needed is sound absorption materials rather than sound proofing, i.e. something to reduce the echo from the hard surfaces, and replace the effect usually achieved by soft furnishings. This also applies to the Red House Surgery and she wondered if this could be looked into.
- (c) Sheila also mentioned that she had recently attended a CCG consultation meeting for Hard of Hearing/Deaf Services. There had been very little advertising for this and Sheila is aware that they will be holding more consultation meetings for many other health services. We all need to be aware

that meetings may be arranged but not necessarily advertised very well, and to let other people know if we hear of any such meetings. Jane kindly agreed to circulate any information we might provide.

- (d) Sheila presented posters of the Sensory Advice Resource Centre (SARC) Hard of Hearing Support Group Meeting being held on Monday 29th September 10.30am – 12.00pm at CIL, City Church, Central Milton Keynes. SARC will also be holding an Open Day on Tuesday 23 September 10.00am – 3.00pm at their premises at 275 Upper Fourth Street, Witan Court, Central Milton Keynes.

Agenda Item 11: Dates of next meetings

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| a. Core Group | Wednesday 3 rd September at 12.30am |
| b. PPG | Wednesday 10 th September at 6.15pm |