

Minutes of the Pangbourne Patient Participation Group

Pangbourne Medical Practice 25th May 2016

Present:

Hannah Bacon, Sarah Dixon, Doreen Hawkins, Kevin Hawkins, Jean Hyland, Joanna Knott, John Lowe, Matilda Oppenheimer, Nicki Williams.

Apologies:

Tony Batten, Sue Darroch, Alison Hill, Kit Marriott, John Lowe.

Minutes of the last meeting:

Approved.

Matters arising:

In a bid to increase membership of the PPG, Steve Wells has put up a notice in the waiting area of the surgery. Joanna Knott asked Matilda Oppenheimer if she would be able to put a plea for new members in the surgery newsletter.

Patient Voice:

Joanna Knott gave us an update on recent happenings at Patient Voice. A Healthwatch survey is being carried out at the RBH A&E during May to investigate why patients attend, and which surgeries they come from.

The next PV meeting on 14 June will be a workshop on how we all work together as PPGs to improve the patient experience.

Feedback from the CCG PV group, who are helping to set up a Living Well Service, to improve the quality of life for older residents. It acts as a hub, encouraging people to take appropriate exercise, join clubs - and to access financial help. Patients are referred by their GPs, and the service provides the social support that GPs can see that the patients need but that surgeries cannot provide.

CQC Update:

A formal complaint has to be made through our MP. This has been done, and he has forwarded it to the Health Ombudsman: we await results. MO feels strongly that we must continue, as not only are we in the right, but for all the other practices who do not have our resources (or our fighting spirit - go MO!).

GP Increased Investment:

GP surgeries receive 8.3% of the NHS budget - and provide 92% of the health care. Demand on GP services has risen, and up to now the spend has not kept pace. Now, however, a bigger proportion of the spend is available to enable practices to provide a more appropriate service. There is some flexibility in how the extra money may be used - it is not limited to GPs. It may be spent on paramedics to do patient visits, or pharmacists (as opposed to dispensers) who can review drugs - which might incidentally save money. This surgery has obtained funding to pay for a community pharmacist for 6 months. The pharmacist will not interact with patients; they will be reviewing practice prescribing and so on. They are quite separate from the dispensers, who can only deal with certain patients, and will overview all patients.

The funding is highly specific, but there may be more available in future.

Beat the Street:

This is a scheme to enable patients to become more active. It has been very successful. It started in Caversham and has been rolled out around Reading. Dr Woolley is very involved in it. However, the issue is: publicity. It was publicised in surgeries and a few other places such as libraries, but that left many people unreached.

We are asked, as a group, to consider how we can reach other people who could benefit from it.

PPG Administrator Hannah Bacon:

Hannah is relocating to Winchester, and this will be her last meeting. the committee thanked her and wished her well for the future.

Her duties will be taken on by Rachel Bampton.

Any Other Business:

- 1) *Pall-Call (working title)*. Barbara Barry is leading a system which is a dedicated phone line 24x7 for patients at the end of life (<12 months) and their carers. It will

be staffed by palliative experts, who can co-ordinate services or even just talk. It will reduce unnecessary 999 calls, and will enable more people to be supported to die at home. Overall, the percentage of people who die at home is 20%, but where this system has been implemented it rises to 40%. All patient information will be online and available immediately, even before the GPs get it sometimes.

- 2) *Reading Rose Centre*. This is concerned with female genital mutilation (FGM). There is a legal responsibility on health care workers to report FGM when they encounter it. But how can we prevent its continuance? A new integrated system is in the process of being set up.
- 3) *Adult Social Care in Berkshire* is changing. Instead of specialists covering the whole area there will be general teams covering a specific geographical area. This may lead to a lack of continuity; difficulty in getting specific help; danger that each incident is treated separately and then “closed”. We fear that this is a retrograde step, especially for people with long term challenges such as neurological deterioration.
- 4) *Carers Hub*. The surgery refers all carers to the Carers Hub. This is able to redirect them to relevant services and organisations providing information and practical help such as financial advice, allowances, where to find night-sitters, and so on. This provides the health/social services overlap which is so important to the patient experience.

Date of next meeting:

17 August 2016, at 18:15.