



Dr Mackenzie and Partners
Patient Participation Group

Meeting Notes Thursday 14th April 2016

Attending

Jane Howell (JH) – Chair - Elaine Bates (EB) – Practice Rep - Dorothy Mitchell (DAM) Sec.
Jean Shaw (JS) - Samantha O'Connell (SOC) – Diane Malone (DM) – Barbara Harvey (BH)
Leanne Gorman (LG) – Steve Chapman (SC) – JG Jarvie (JGV) – Mhairi Brady (MB) –
Denise Rudman (DR) – Michael Murray (MM) – Phil Riding (PR) – Carole Eastham (CE)

Apologies

Violet Barnard – Alexandra Bacon – Kay Grandridge

The Chairman welcomed everyone to the meeting and expressed pleasure at seeing new members. All introduced each other.

Matters Arising

PPG members in the Health Centre – Agenda 7
Directory – Connecting our Community – Agenda 7

Chairman's Report

Condolences expressed to Phil Riding on the recent loss of his wife Eileen.

Thanks to Elaine's texting registered patients about the PPG, we have acquired 15 new members. Others have enquired and decided against joining. From feedback the reason is their present satisfaction with the service. Our postcards have all gone and a reprint ordered.

Generally, there is a paucity of feedback. Since we raised the issue of how we could keep members informed but not overloaded, discussed with the other Haslingden PPGs and posted our minutes on the Directory, we've hit famine. It has been difficult to hold a watching brief. Progress chasing last week has elicited some information but we await receipt of a number of documents we have requested which we are unable to find on line. My concern with regard to Prioritisation which we agreed should be a standing agenda item persists, as has the issue of 'what happened to CONNECT'?

Changes at East Lancashire Clinical Commissioning Group (EL CCG) are impacting on Rossendale. Andy Laverty, our locality manager has been without his admin support for over three months due to secondment in the furtherance of the changes. It may be she may never return when the changes are decided/implemented.

The service to ease congestion at Accident and Emergency (A&E) and Urgent Care by placing a GP provision in the triage system has been withdrawn from 3/04/2016 at Blackburn but still available at Burnley till the end of May. The East Lancashire Hospitals Trust (ELHT) staffing will have to regroup



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to cover this withdrawal. It would appear this has impacted heavily on staffing levels and Accrington Victoria Walk in service had to be suspended for several days.

From the CCG weekly bulletin to Primary Care there is much going on that is not of interest to the PPG but some are worth our knowing so we can pass on where appropriate.

- Staff are being offered training in identifying and dealing with human trafficking.
- Maundy Relief in Accrington are providing counselling for children and young people available for self-referral.
- Our PPG neighbours on Manchester Road have instigated an enquiry under FOI with regard to the sanctions and fines for under performance. This was highlighted in the Guardian and the local ELCCG first response has raised a list of further questions submitted.
- The Spring/Summer PPG newsletter template will be with us by 15/4/2016 in order that we may put in our own content and circulate.

Meeting response to Chair report - General interest and Q&As. New members are unfamiliar with NHS acronyms. Interest in the fines and sanctions issue and a wish to follow the trail.

Discussions brought forward for reporting:

Directory Launch – Carole Eastham

Carole represented us and has taken charge of the iPad and is willing to be custodian. Once our patient sessions are diarised a system will be in place to ensure it is available to whichever of us needs it. She brought some excellent literature from Lancashire Women's Centres which DAM will refer to Matt Wiseman to ensure inclusion.

Patient Partnership Board – Jane Howell

Prioritisation and CONNECT was interactive engagement between the NHS and service users providing us with updates and opportunities to comment as the new improved Primary Care system was implemented. We agreed that Prioritisation would be a standing item on our agenda. However after a very good start there was a lull. Then PPB came into being. A simple efficient conduit between PPGs and the CCG to simplify even further the aims and objectives of Prioritisation and CONNECT. The purpose to simplify what was becoming an increasingly complex model for primary care. It seemed then that perhaps the PPG replaced CONNECT in some way, however we are not yet certain. The minutes of the PPB meeting of 8/3/2016 only became available when chased and late last week. Questions – 18 of have been raised with Ronnie Barker (our locality lay representative) and await satisfaction. Many arise out of the brevity of the minutes and the absence of supporting papers /links.

From the PPB minutes of 8/3/2106

Rossendale Directory – Connecting our Community –

- *Directory of organisations and services*
- *Calendar of Events and activities connected to the services*
- *News Section incorporating an automated newsletter*



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- *Guide to living and working in Rossendale*

There is also a meeting section giving the opportunity to have a fixed point to store and access all documents on line and access to control that. Other localities will be encouraged to set up similar schemes. AL confirmed that consideration has already been given to the other localities following suit although there are cost implications. However, there are possible funding streams available for digital innovations. There was support expressed from all Localities.

REAL to prepare a project brief for replication in the other 4 areas. Funding to be explored.

New models of care

- *Simplified access to appointments and services*
- *Location of those services*
- *Continuity with own GP*
- *Access to information*

Models have been agreed in four of the five localities

consultation and engagement of the Primary Care Access model over a three month period.

The Consultation and Engagement documents will be forwarded out to members for comment and feedback:

- *Consultation Strategy*
- *Engagement Plan*
- *Promotional poster*
- *On line survey (paper copy)*

There will also be campaigning with the Practices and attendance at Forums e.g. Practice Manager and Practice Nurse Forums to raise awareness.

We need to be alert to this and ensure we make informed feedback. The presentation will be posted in our PPG slot in the Directory. One concern is why we in Rossendale should be going to Burnley or Accrington GP Hub when we have our own in Rawtenstall. It may be, we must refer the CCG back to the reason the Rossendale community supported the development of the Hub. A building which was to contain all we would lose from Rossendale General and more. We lost a lot and gained none of the planned additional services.

Prioritisation

To defer to the next meeting to allow discussion. Members received the documents for information/ reading in order to feed back comments. (Documents requested)

Local Network Groups Updates

Nothing relevant except Rossendale attending the Health and Wellbeing Partnership and confirming the PPG priorities for health and wellbeing.



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The PPG awareness week is also in June. To be added to the next agenda to discuss ideas for promoting PPGs.

Our Question to PPG – if PPB discussing on 3/5/2016 – how can we possibly get information so we can actively participate as our next meeting if 9/6/2016?

Place based systems of care – a way forward for the NHS
Planning guidance – 2016/2017 – 2020/21
End of Life ePAC document and Key Worker Card
PPG Toolkit
East Lancashire CCG

All above are reported as including information/documents circulated – documents requested. We received the documents this afternoon. It is a formidable pack of over 150 pages. DAM will read and extract a summary. From that we will compile a bulleted list and circulate for exchange of views and preparation for our next meeting.

Rossendale Health and Wellbeing

No minutes to hand.

Social Prescribing Funding – DAM

Attended the CVS funding event on our behalf – a negative experience. Well attended but by more wrong than right people. The idea is to give small sums to small groups to do small things that can make a big difference but so many embargoes and caveats. However with no guarantee of success we can apply. You sent in a number of ideas – as listed

- Something for young people
- Expansion of walks and gym, swimming and weight management
- Make non-certificated FE courses available again
- Hobby taster sessions tied in with Reminiscence and Memory Choir
- A PPG SP Familiarisation course

Ideas flowed and the list became live with many suggestions and expansion of the list. BH reported non-vocational availability from Bury College reaching as near as Ramsbottom. JS explained about the one year only and how that compromised small effective initiatives like the Memory Choir. General agreement to be sustainable these projects with proven therapeutic gain need 3 years substantive support but for there to be an 'afterwards' volunteers can do a lot but not entirely free. DAM will create a draft proposal and circulate prior to the closing date for comment/improvement. Great idea from DM in respect of utilising employment gap to support initiatives like were suggested that could lead to employment. The possibility of a HUB and spoke project has been suggested which would include, while retaining their autonomy, a number of smaller initiatives to improve their viability in the long term. MM suggested taster sessions and also social interaction between staff and patients.

Practice Update – Elaine Bates

Data loss



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The matter of the data loss is still under investigation. The practice contract with an accredited provider. Provider attends the Health Centre, receives locked bins of confidential waste, shreds it on site and removes the shredded waste. On this occasion an operator chose not to shred a batch and en route to Rawtenstall shed his load. He stopped and recovered loose paper but unfortunately not all of it. The matter was reported by a local business that found some paperwork and reported to the practice. An immediate sweep of the area was organised by the practice and the salvage company and it is hoped there may be no residual loss of data. The contract with this company will not be renewed. The relevant bodies have been informed and the result of the investigation in progress will be made known.

Care Quality Commission Report.

The overall summary reads well. In 3 out of the 5 rating areas the practice scored well. The services were found to effective, caring and responsive. There was a perceived deficit in paperwork relating to an incident regarding infection control and a similar deficiency in the staff training records.

The member comments were positive and supportive. What really mattered to and about patients was good and that was what we expected. That there had been an incident was unfortunate but it had not been concealed and action taken was appropriate and procedures updated to prevent a recurrence. In the matter of staff training – it is unfortunate that the staffing shortages have led to some unmet opportunities for CPD in working hours, patient care is paramount.

Staff situation is still difficult. Alison Anderson senior Nurse Practitioner retires in June. This news was greeted with very real regret. Alison has been a marvellous support to many of us and the good wishes of the group go with her.

Social Prescribing in the Health Centre – DAM

We were out of time and this matter has been deferred – DAM to write up an elicited support meantime. – Specifically - Volunteers required - Policies and Procedures – Familiarisation - Room availability.

Information will be made available regarding PPG week and other issues by mail and posting to our section on the Directory.

There being no other business the meeting closed at 7.43 p.m. The next meeting is on Thursday 9th June 6.30 in the Community room.

Abbreviations

CCG	Clinical Commissioning Group
CPD	Continuing Professional Development
ELCCG	East Lancashire Clinical Commissioning Group
ELHT	East Lancashire Hospitals Trust
FOI	Freedom of Information
PPB	Patient Participation Board
PPG	Patient Participation Group
SP	Social Prescribing