

# *The Practice* Stoke Rd Patients Participation Group

4, Stoke Road, Bishops Cleeve, Cheltenham, Gloucestershire, GL52 8RP

## Minutes of 2<sup>nd</sup> Annual Patients Meeting Wednesday 12<sup>th</sup> March at the Tithe Barn

### Present:-

#### PPG Members

|                    |                   |
|--------------------|-------------------|
| Paul Holliday (PH) | – Chairman        |
| Peter Badham (PB)  | – Vice Chairman   |
| Rose Rawlings (RR) | – Joint Secretary |
| Doreen Dyer (DD)   | – Joint Secretary |
| John Coopey (JC)   | – Treasurer       |
| Marilyn Angell     | (MA)              |
| Joy Merrell        | (JM)              |
| Michael Otter      | (MO)              |
| Mollie Edwards     | (ME)              |
| Michelle Thompson  | (MT)              |
| Peggy Dyer         | (PD)              |
| John Grayson       | (JG)              |

Apology:-

Rhuna Winstanley

#### Practice Members

|                        |      |
|------------------------|------|
| Dr Jim Moore           | (JM) |
| Dr Tim Hardwick        | (TH) |
| Dr Ben Sodon           | (BS) |
| Dr Catherine Archibald | (CA) |
| Lester Pygott          | (LP) |
| Jane Tillottson        | (JT) |
| Amanda Elliott         | (AE) |

#### Guest Speakers

Cllr. Dorcas Binns

Dr Helen Miller

#### Visiting Guest Professionals

Kate Starkey, Winchcombe Medical Centre

Daphne Sanderson, Carers Ambassador

105 Patients attended. Total present including PPG members, surgery staff and speakers was 127

### Welcome

PH opened the meeting at 7:30pm and welcomed everyone. He outlined to the audience the experience and attributes of the two speakers. Cllr. Dorcas Binns, Chair of Glos. Health and Wellbeing Board and Dr Helen Miller, a Gloucester GP and Chair of Glos. Clinical Commissioning Group. PH also outlined fire escape procedure and asked for phones to be silenced.

### Cllr. Dorcas Binns

Cllr. Binns outlined her political experience and her relatively new role in Public Health and communities, joining-up countywide NHS care. Public Health has now come back under the control of local authorities and she spoke of the importance of communication; "It's all about working together"

Key issues for Gloucestershire are:-

|                               |   |
|-------------------------------|---|
| Obesity:                      | 1 in 4 people in this county are overweight.                                      |
| Alcohol:                      | Admissions to A&E in the county due to alcohol are up 69%.                        |
| Health & Welfare of the aged. | 30,000 people only see 1 person in a month.                                       |
| Areas of deprivation.         | Matson and Podsmead, for example.   |
| Mental Health issues.         | There were 240 suicides in Gloucestershire of which 2/3 were for reasons unknown. |

In general, Prevention, Promotion and Protection are the key objectives.

Preventing people becoming ill in the first place by, for example, inoculations and checking on children in schools.

Education on smoking prevention. 19% of all adults smoke in Cheltenham. There is a 'Stop Shop' in Gloucester giving advice on stopping smoking, nicotine patches, etc. 80 people a week in the county are stopping the habit.

She touched on to the importance of self-help and focusing on areas where ill health could be avoided, obesity being one of these, and checking for early signs of disease. Lung cancer was quoted as an example, with an ongoing cough needing to be checked-out. Empowering the community to change their lifestyles to achieve better health. There are free NHS health checks for age group 40 to 74.

People are now expecting more from the NHS and new ways have to be thought-up of making a difference at a time when money available is extremely short. There is a 'Better Care Fund' which comes from the Government.

There followed a short Q & A session;

Mr Lewis asked "Why are health checks finishing at 74". Cllr.Binns answered that after this age, surgeries take up the task routinely as patients are likely to visit more frequently.

Joy Merrell suggested current leaflets were too wordy eg. The "Better information means better care" leaflet. Why not use publicity cards about health checks to be given to the public and more publicity about them on TV and in the media.

Clr Binns agreed to some extent and said that simple flyers are sometimes given out/available in libraries etc. Advertising costs money which as always, remains an issue.

## **Dr Helen Miller.**

Dr Miller gave an outline of her 23 years GP experience in Gloucester and her desire to use her medical skills in a different way. She now works 2 days per week as a GP and is responsible for joining-up local NHS care.

Over the past few years waiting times for appointments have greatly improved and clinical need overrides set targets, important as these are. Consultants are much more specialised now and concentrate on particular organs or skeleton parts. We have 2 great hospitals in the area with an excellent stroke department at Gloucester Royal with 24 hour consultant level care. Safety is paramount. A quick in and out reduces chances of infection. Patients are spending much less time in hospital and are being helped to recover fully in their own home wherever possible.

The challenges faced now, are an ageing population. People are living longer and this trend will increase as time goes on. Demands on the NHS increase and the £600M allotted to Glos. only goes so far. There is a need to focus on where the care available can best be targeted. She went on to say that, providing they have the capacity, people should be supported to remain in their own homes. Joined up care with one system so that people do not have to give the same details to too many different professionals is the ideal. Patient care should be central to everything. Asking Patients questions, establishing their medical needs, and translating that to the correct professional provider, was the key. ('Wants' are not always the same as needs.)

Dr Miller quoted several examples of projects where a different approach had been taken to home care and had produced positive results;

- Technology needs to be used in a better way.
- There is a need to improve on diagnostic aids with easier access to scans etc.
- Improvements are needed on mental health issues.
- Better help and support is needed for carers and parents of children.
- We can improve community services. Provide timely assessment and high quality and safe services.

There followed an excellent video about 'Jack's story featuring 'Fiona' covering integrated community teams and local NHS care. This was watched with keen interest by all present.

## **Q & A Session**

Sister Donna Butler

Q." How did you manage to get your son to be referred immediately to Frenchay"? (In response to a comment made by Dr Miller regarding an accident to her Son)

A. "I rang A&E and asked if they could do this, as he would have been referred anyway". "I admit to pulling rank on this unprecedented occasion."

David Saunders

Q." Regarding integrated community teams, How many 'Fiona's will be needed in Gloucestershire?

A. "The plan is to map and budget for countywide integrated teams. The teams will work with the patients until stabilised, or they will pass to the District Nurses as a next stage.

Prior to the break, Cllr Binns and Dr.Miller were presented with bouquets in thanks for their input.

## **Break**

## **Report for 2013 by Paul Holliday - Chairman of the PPG**

PH reported that at the first meeting in July there had been exceptional patient attendance and much interest in the speaker, Dr Shona Arora.

On May 23<sup>rd</sup> the AGM took place. Chair and Vice Chair re-elected. Joint secretaries stepped down. Creation of Annual Patients Meeting seconded and agreed by all.

On 1<sup>st</sup> June, PH attended NAPP AGM. Stoke Road Surgery agrees to become a member of the National Association of Patient Participation.

16<sup>th</sup> September. First CQC inspection for Stoke Road Surgery. Excellent report, publicly recorded.

19<sup>th</sup> September. Sixth Form student from Cleeve School elected to PPG as a member for 1 year. Community link with Surgery established.

12<sup>th</sup> October First Health Promotion day in BC library. Joint PPG and Surgery 'public drop in event' attracts 200 participants..

6<sup>th</sup> December. Joint secretaries Rose Rawlings and Doreen Dyer appointed.

Next Health Promotion event 1<sup>st</sup> June 2014 .

### **Dr Jim Moore. Senior Partner. Stoke Road Surgery**

Report and update on medical care, staffing and premises expansion.

Patient Survey. Excellent response to recent patient survey. Dr Moore thanked the PPG for surgery time given to hand out and collect survey forms. The results of this survey were very good with most categories falling into the good/v.good/excellent slot. Only question producing a few poor responses, were the ease of seeing the GP of your choice. Dr Moore explained that this was largely due to some of the Doctors' working part time and others having specialities that dictated who was best suited for a particular patient.

Each morning there are now 4 staff and 4 dedicated phone lines taking incoming calls from patients. This has eased the call answer waiting time.

2 years with the new computer system. Working well.

Care Quality Commission visit. These are undertaken with only 48 hours notice and are very 'in depth'. Lester Pygott and staff were thanked for the great effort made. Dr Moore stated that 1 in 3 practices did not reach the required standard but was pleased to report that Stoke Road had passed.

Premises Expansion: Still awaiting a decision from the District Valuer. Plans shown to the audience. There will be an increase from 11 to 17 clinical rooms, 3 extra Doctor's rooms, new waiting room/reception area.

There are currently 34 staff not including District Nurses.

It is hoped that despite having to wait for DV's decision, the work will be completed by the end of the year. To avoid too much disruption, it is planned to do the work in stages over a 9 month period

### **Q & A Session**

Chris Adamson

Q. "Joined up care may be viable on paper but isn't working on the ground". She mentioned a particular (unnamed patient).

A. "I obviously cannot discuss another patient at a forum such as this". "Suggest that a private discussion with the patient concerned would be appropriate"

Mr Dinos spoke immediately following this and stated that he had always received excellent care from everyone at the practice. He had been a private patient of a Basildon practice prior to this and Stoke Road's care far exceeded the private practice. This was met with enthusiastic applause.

Gordon Gree

Q. "Appointments available on-line do not match those available face to face in reception or on the phone. Why is this?"

A. (by Dr Hardwick). "Blocks of appointments are put on-line early morning. On the phone or at the surgery, it is possible to have telephone appointments or appointments with the Sisters or HCAs. These are not available on-line"

Mrs Mallard

Q. "I, along with a lot of other older people do not switch my mobile phone on much". "Will you be using email as an alternative?"

A. (by Dr Hardwick) "We are hoping to have this eventually and are making inroads into collecting email addresses". There are confidentiality issues involved and signed consent by the patient is needed"

PH Thanks were expressed to the Doctors, Surgery Staff, Practice Manager Lester Pygott, the joint PPG secretaries, the PPG Vice Chairman, and all the members of the PPG, for their time and input to this evening and said that he hoped everyone present had enjoyed the evening.

Daphne Sanderson thanked the surgery on behalf of all the carers in the area.

Photo showing annual patient meeting in the Tithe Barn, Bishop's Cleeve, 12<sup>th</sup> March 2014.

