

Patient Participation Group Locality meeting Minutes

Tuesday 6th Sept 2016 at 12.30pm at Hollycroft Surgery Hinckley

Present:		Guest
	Roy Priestley - The Maples (RP)	
	Alan Plumpton – Barwell & Hollycroft (AP)	Sue Venables – WLCCG (SV)
	Frank Burgess Stoney Stanton (FB)	Belinda Lee Botting – H&B Federation (BB)
	Jenny Dowling – Ratby (JD)	Beverley Fall – H&B Medical Alliance (BF)
	Mike Hudson –Burbage (MH)	
	Diane Wightman – Barwell & Hollycroft (DW)	
	Rod Parker - Central Surgery (RP)	
	Paul Stewart – Burbage (PS)	
	Pat Crane – Desford (PC)	
	Malcolm Woods – Station View (MW)	
	Khalid Ansari – Station View (KA)	
Apologies	Sheila Adcock - Ratby	
	Frances Knight - Station View	
	Frank Cowlin - Station View	
	Susan Huty –Desford	
	Rob Wade -	

<u>Agenda Item</u>	<u>Action</u>
1. Welcome and Introductions The chair welcomed everyone and introduced the Guests named above	
2. Matters arising from the previous minutes. There were no matters arising from the previous minutes which were accepted and signed.	

3. **Presentation by Belinda Lee Botting (Hinckley and Bosworth Federation_**
 BB explained the work of the Federation which is made up of representatives from all 13 practices in the Hinckley & Bosworth area. Over the time the Federation has been in existence its role has dramatically developed and work load increased. BB explained that the Locality Group now had a patient representative on the Federation this is Jenny Dowling. It was explained that JD would feedback to the Locality meetings however some of the work which is discussed is confidential and this would be shared with the chairman when appropriate. The role of the Federation is to help and preserve links with GP's as well as involving patients in the process.
- The Federation is heavily involved in running a number of pilot schemes in the area. From the 1st April 2016 one of these pilots is to establish a process by which patients can easily gain access to ECG readings by visiting their GP surgery to have an ECG device fitted. The device can take readings continuously for up to 72 hours. It can be worn in the shower and at the end of an allotted time the device is removed and plugged into a computer and the results uploaded to a service in Austria where the readings are analysed the results sent back to the doctor. Previously any device like this would have had to be fitted by the LRI. This is now available locally.
- Other pilots are being carried out on Dermatology and Sigmoidoscopy. This work involves working with the LLR Alliance. Much of this work is to try to reduce the pressures on the main hospitals leaving them available to deal with acute cases.
- A number of Practices in the area have GP's with medical specialisms'. It is hoped to further develop a system by which GP surgeries can make Inter Practice Referrals saving patient time and making better use of local expertise. BB then went on to explain about the Care Home test bed project. This aims to deliver an enhanced model of care in health and social care to support our patients in a planned proactive and preventative way. It aims to allow patients to decide on end of life care and with improvement in the care package can reduce the number of 999 calls and A&E referrals as well as fewer OOH calls and shorter stays in hospital.
- 3 care homes are involved in the test bed project (Orchard, The Moat House and Sutton Elms). This involves getting Care home staff to be trained in dealing with less urgent elements leaving the urgent care to the GP's working with the Care Homes. Some patients are on more than 20 medications a day but much of this may be due to nobody cancelling a drug as so many agencies are involved. Not all care homes have nursing staff.
- Discussion took place over the issue that many care homes are privately run and trying to get a common approach to things is more difficult than when they are run centrally. Comments were made on the care plans in Care Homes which vary a great deal in their quality. Suggestions were made about a common template for all Care Homes. Sharing of information was another issue and the installation of System One in all Care homes was being looked at. Issues of care plans being written saying that a patient did not want to be admitted to hospital under any circumstances resulted in a patient who had had a fall and in need of treatment had to be sent to hospital resulting in stress for the patient. This meant that the patients' needs were not being followed. Further work is being carried out to look at how GP's can be involved in making these decisions and it is possible the pilot "Navigation Hub" may play a part in this in the future. Further comments were made about separate budgets (NHS & Social Care) Maybe the budget should follow the patient so that boundaries on budgets become less important.
- Other projects the Federation is involved with
 PAWS (Primary and Wellbeing Service) – Single point of access for end of life and Dementia Care
 Development of training and skills which will empower care home staff in things such as basic observational skills.
 Development of IT with medical establishments ensuring that records can be shared easily.
 Greater involvement of Pharmacists, Dieticians and Care home liaison officers in Care Homes
 The use of Skype, Triage of patients with minor injuries without referral to UHL and all visits by medical professionals to be Triaed before GP's are sent out.

4.	<p>RP requested an AOB item be moved to this point in the Agenda. The meeting agreed</p> <p>KA gave an outline of the work he and MW were involved in when working with the LLR Alliance</p> <p>There has been some work done on inspecting the Alliance premises within hospitals. Mount Road Hospital Hinckley had been part of this process and KA reported that it was only the professionalism and hard work of the staff working at the hospital that stopped building failing its inspection.</p> <p>The Alliance plans to set up a Listening Booth project to explain to the public its role. Some discussion followed that questioned the need for this as the CCG already has a Listening Booth and issues that patients with NHS services, which include the LLR Alliance, are addressed through this. Some people felt this would add confusion to the public whose only need is to be treated by the NHS and do not need to know how the “system” works.</p> <p>KA said he would take this points back to the LLR Alliance for their consideration and report back to the Locality meeting when there would be a greater opportunity to discuss the work of the Alliance.</p>	KA
5	<p>Hinckley Community Health Plan – Sue Venables (WLCCG)</p> <p>SV presented the story so far of what has been taking place since 2014 when the Engagement process and Experience Led Commissioning had begun collecting people experiences of using the NHS in the H&B area.</p> <p>The initial project has now been made part of the 5 year Leicestershire BCT (Better Care Together) plan. Deadlines have slipped as the project has progressed because of issues with NHS England and changes in the political landscape. It had been hoped the public consultation would have taken place over the summer and into Oct however this has not been possible because of a change of personnel in Government and NHS England were unable to ratify Leicestershire’s plan. Things have begun to move again and various organisations have been brought on board such as “Save our Hospital” who are now engaging with discussions about the plans. It was pointed out that some projects have in fact been already implemented following issues raised by the Engagement process.</p> <ul style="list-style-type: none"> • More carer support has been introduced through VASL • An Acute Visiting Service has been set up which allows vulnerable patients to be targeted for home visits. • More integration of social care and medical care. • Better Care Funded Fall service. <p>Plans are to retain and improve all the services we already have in Hinckley as well as provide extra services such as Endoscopy Cancer screening. It was thought that procedures which require General anaesthetic would need to be carried out at George Eliot or LRI however after further consideration and following people’s comments it has been decided that this service should be retained in Hinckley.</p> <p>The following possible options will be the core to go to public consultation</p> <ul style="list-style-type: none"> • Increase outpatients and improve cancer screening • Combine endoscopy and day case at either Mount Rod or Sunnyside • Move X-Ray and Ultrasound to the Health Centre in Mount Rd. 	RP

