



**Two Rivers Patient Participation Group (PPG) Meeting
Thurs 4th January 2018 7.30-9.00 St Mary Bourne Hall
MINUTES OF MEETING**

Welcome – Chair (MN)

Attendees: Gib Hancock (GH), Michael Nightingale (MN), Michael Denton (MD), Mary Golding (MG), Yvette Christian (YC), Jennifer Skelton (JS), Andrew Leach (AL), Esther Leach (EL), Helen Knight (HK), Roger Knight (RK), Alison Wogan (AW), Sr. Dorrie Bilson (DB)

Apologies: Dr, Dan Lickman, Dr. Jim Rose, Sarah Denton, Nicola ?

Last Meeting Minutes: Approved.

YC circulated a new draft PPG Projects Table as previously agreed; to be discussed as an addition to the circulated Agenda.

1.Partners Reports

1.1 Leaflets

See project Plan

Action: AW to Email electronic copy.

1.2 Influenza Immunisations

Practice extended sincere thanks to the PPG volunteers for their successful assistance at the clinics. All felt the patients appreciated the personal touch. Areas for improvement were highlighted including the rearrangement of the waiting room included in PPG Project Plan.

1.3. Waiting Room Revamp - See Project Plan

2. PPG Liaison and Project Report

2.1 NHS Clinical Commissioning Group Report – See appendix (MN)

2.2 Reception and Waiting Room Revamp – See 3.8. PPG Project Schedule Management

2.3 Patient Enablement Health Information – See appendix (MN)

3. Community and Self Health Care

3.1. Dementia workshop – See appendix (MN). MN/GH attended. Possibility of organizing for SMB: Action JS to decide.

3.2. Caregivers Concept/Age concern Action Plan – See 3.8. PPG Project Schedule Management Note - Blue Badge assistance by Age Concern.

3.3. Sickness Prevention - leaflet is part of this. PPG to consider what can be included as project work.

3.4. Flu Campaign Results - see 3.8. PPG Project Schedule Management

3.5. Patient Help Pamphlets - it was agreed that this area of work would be very important and there are examples already available e.g. COPD 'Share Sheets'. PPG must consider how they would support this project work.

3.6. Waiting Room Posters – See 3.8. PPG Project Schedule Management

3.7. Medicine Management – See 3.8. PPG Project Schedule Management

3.8. PPG Project Schedule Management – YC accepted as **Project Programme Director** with responsibility for planning, co-ordination and reporting activities and progress. A Two Rivers Patient Participation Group Project Table was circulated and approved.

a) Flu campaign:

Practice extended sincere thanks for all the work the PPG put in attending clinics. All felt the patients appreciated the personal touch. Areas for improvement were highlighted including the setup of the waiting room. No further clinics although practice continues with vaccination programme.

b) Get the right Help leaflet:

All agreed leaflet was very useful. It has been printed and circulated – MG agreed to continue to assist with distribution. Action: AW to Email electronic copy.

c) Waiting Room Posters

MD designed posters. To be printed or put on the television. Mike will email AW for any changes and printing. Staff to collate any feedback they get from patients who see the poster. All agreed the posters were great and Mike had actioned quickly. Meeting unanimously commended the ANP service and the value the Partnership overall efficiency prompted by MD draft poster proposal.

d) Waiting Room and Patient Facilities

JS to review the waiting room in DD; as if new patient and make recommendations where possible: MG to do the same for Whitchurch. YC to collate feedback for PPG Project Plan Schedule.

e) Community Support

GH confirmed that United Charity would donate £100 to the practice for use for patients. It was agreed that while it could be useful for the waiting room project, it would preferably be used for community support projects, assisted by Age Concern.

It was agreed to focus on recruitment of Village Agents for both DD/PC and Whitchurch. Village Agents are Volunteers backed by Age Concern for local services, keep people well and at home). YC advised that funding for management support from Age Concern was not guaranteed from March. It was agreed that further development and Village Agents will be under the direction of YC to support GH/JS and MG/MN. Action: YC to arrange meeting date.

GH tabled his SMB 'Care and Support pamphlet recently produced and circulated detailing Parish available support. GH reported delays in meeting with DL and the Vicar.

f) Medicines Management

YC explained need to encourage patients manage their medicines and would be championed by the CCG. Funding could be sought.

4. Meeting Closed at 21:00 - Next Meeting Thursday 8th March. (DB will check availability of Whitchurch Venue).

AGENDA APPENDIX

1. PARTNERS' REPORT

Dr Dan Lickman reported that he was keen to hear about the posters Mike Denton was going to develop.

Alison has printed the leaflets in Whitchurch. The parish magazines have agreed to distribute with the January mags but they need folding which takes ages so a volunteer or two to help would be great. Alongside distributing further into shops and posting.

Two Rivers Medical Partnership, are either 1st or 2nd in the whole CCG for influenza immunisation uptake which is a good result. The help at the busiest days went down really well. We are still going with immunisations though. He reports that he has some thoughts for next year to improve this.

He is keen to crack on with the waiting room revamp plan for which he received a new tool kit for Christmas!

2. PPG LIAISON & PROJECT REPORT

2.1. *NHS Clinical Commissioning Group Report

I attended as a **Nightingale Community Assist** voluntary Systems Consultant and a PPG Liaison with Two Rivers Medical Partnership with surgeries at Whitchurch and St Mary Bourne.

The presentations by Drs. Tim Cotton Neil Hardy and Karl Graham interesting and informative. I enjoyed the opportunity to network and meet interesting and diverse medical people extremely valuable. I rated the AGM as excellent and the “**Walk With Us**” concept, the best AGM I have attended anywhere in more than fifty years international business experience.

The Future Of GP Service Dr Tim Cotton (Tim.Cotton@nhs.net):

Why ...will the future be different?

- Our population is growing by 7% per year
- In 2027, 1 in 5 people will be aged over 75, many with several complex health problems
- More healthcare will be based in the community with less in a traditional hospital setting
- Technology will change the way we experience healthcare.

What....are we trying to achieve?

- Improve health and wellbeing for patients
- Improve the quality of care for patients and communities
- Improve the overall use of local health and care resources
- Improve staff satisfaction and reduce burnout

Who ...will make up the extended primary care team of the future?

- There will be fewer GPs
- There will be greater variety of professionals working in general practice, for example:
 - Health coaches
 - Physician associates and practice nurses
 - Mental health and physical therapists
 - Pharmacists
 - Care navigators, planners and coordinators
 - Doctors and nurses with specialist skills and direct links to hospital.

Where ...will General Practice happen?

- On your phone, PC, tablet or laptop
- At local primary care hub
- At home (including care and nursing homes and intermediate care)
- In your local GP surgery, pharmacy, library or leisure centre

CCG Have Four Major Priorities Which We Are Working On Up To 2019

1. Our aim as a clinical commissioning group (CCG) is to ensure people are able to stay healthy, get the best possible health services and lead longer and healthier lives.

2. We will continue to work with local GPs, hospitals, community health teams, councils, other CCGs, public health teams and local people to ensure the right services are available in the right place.
3. Closer working is priority for the NHS and we have many opportunities to do things differently – across the whole of Hampshire – to meet the needs of individual areas. For example, more frailty support in the New Forest and safe havens for people in mental health crisis in Andover.
4. You can also play an important part in keeping yourself healthy and understanding what help you need, and when and where. By working in partnership with local communities we will support you to make healthy lifestyle choices.

CCG Also Want To Make Sure That Through All Our Work We Prioritise;

- ✓ **Engagement** – making sure that your voice is central to our decision making. Working with you and understanding what you need to be healthier.
- ✓ **Digital development** – exploring how new technology can help improve your access to health services and to keep you healthier longer.
- ✓ **Mental health** - making sure that if you have a mental health needs, you have as much support as those with physical needs.

2.3. *NHS Patient Enablement Health Information (www.nhs.uk/ourwork/patient-participation)

- Involving people in their own care
- Informed health decisions
- Accessibility of health information
- Patient decision aids

NHS England has made a commitment to become much better at involving patients and their carers by:

- Giving them the power to manage their own health and make informed decisions about their care and treatment
- And supporting them to improve their health and give them the best opportunity to lead the life that they want.

Person-centred care supports people to develop the knowledge, skills and confidence they need to more effectively manage and make informal decisions about their own health and care. It is coordinated and tailored to the needs of the individual and healthcare professionals work collaboratively with people who use the services.

The Person-centred Care Team is working on a number of programmes which will support people to be more actively involved in their own health and care, as part of the drive towards a truly person-centred NHS. Our work falls under three main areas:

- Supporting self-management/self-care
- Enabling people to make informed health decisions
- Creating the conditions for person-centred care.

COMMUNITY & SELF HEALTH CARE

3.1. *Dementia & Alzheimer's Workshop

Dementia Friends Five Key Messages

1. Dementia is not a natural part of ageing!
2. Dementia is caused by diseases of the brain!
3. Dementia is not just about losing your memory – it can affect thinking, communication and doing everyday tasks!
4. It is possible to live well with dementia!
5. There is more to a person than the dementia!

Correcting 12 Common Misperceptions

1. Dementia is not	A natural part of ageing
2. Dementia is caused	By diseases of the brain
3. One common type of Dementia is	Alzheimer's disease
4. Dementia is progressive, which means	The symptoms will gradually get worse.
5. Alzheimer's disease usually starts	By affecting people's short term memory.
6. Dementia is not just about	Losing your memory
7. Dementia can also affect	Sufferers perception
8. People with Dementia	Can still communicate effectively
9. At any time, one in 14 people	Over 65 has Dementia
10. It is possible to	Live well with Dementia
11. There is more to the person than	The Dementia
12. Dementia Friends is about	Turning understanding into action

"People with Dementia must be VALUED AND ENGAGED"

Viz.

This requires Friends and relatives of People with Dementia to learn and remember the person's trigger memories and perceptions so as to activate, engage and communicate with them.

For information, support and advice about Dementia:

- Visit www.alzheimers.org.uk
- Call the National Dementia Helpline on 0300 222 1122
- Find local services at www.alzheimers.org.uk/dementiaconnect

Join the Talking Point discussion forums at www.forum.alzheimers.org.uk

3.2. *Caregivers Concept/Age Concern Action Plan

Age Concern Meeting 12th July 2017-

The meeting was held at the Whitchurch Surgery attended by Yvette Christian, Dr Dan Lickman, Alison Wogan, Gib Hancock and Mike Nightingale.

Yvette Christian advised that as she was a local area resident she was in any event a registered patient of Two Rivers Medical Partnership and agreed that she would be prepared to volunteer as a member of the PPG. MJN agreed to notify Yvette Christian of the September 2017 PPG meeting at St Mary Bourne.

A detail discussion was held with a wide variety of relevant issues specific to the needs and requirements of Two River Medical Practice, founded on the Caregivers Trust Concept originated by Dr Daniel Lickman. **The basis of an Age Concern assessment proposal was agreed to provide an outcome for further negotiating an Action Plan.**