

Prices Mill Surgery Patient Participation Group

Minutes of PPG Meeting 21st May 2013

In attendance: Andrew Boddam-Whetham, GP
Liz Green
Roger Hare, Carers Gloucestershire
Kate Kay, Chair
Wendy Milner, Carers Gloucestershire
Duncan Mann
Sally Millett

Apologies Marilyn Miles
John Miles
Winifred Page
Betty Young
Paul Young

1. Welcome

Kate welcomed everybody to the meeting, and particularly Roger Hare and Wendy Milner from Carers Gloucestershire.

2. Carers

Roger Hare explained the role that Carers Gloucestershire play, and in particular the difference in role between that of Carers Gloucestershire & Social Services. His role is that of co-ordinator for Carers Gloucestershire, which is charity, and employs fifteen workers. Apparently, 85% of the £800K funding for the charity comes from the County Council and the NHS.

A sister charity is Young Carers Gloucestershire (see <http://www.glosyoungcarers.org.uk/>). The youngest carer known is just five years old.

Wendy noted that she was a Nailsworth resident of five months standing, and that she was a surgery link worker for both Prices Mill Surgery and Painswick Surgery.

Roger noted that the biggest single issue managed by Carers Gloucestershire is that of respite care – and the lions share of the funding managed by them is dedicated to this area. Other resources are devoted include the provision of a free counselling service – clients are able to access up to twelve one hours sessions, and GP surgeries can refer into this.

Liz asked where referrals came from to CG. Roger noted that CG receive between 100-150 new referrals per month, of which about a third come from hospitals (Gloucester & Cheltenham and also community hospitals). CG have voluntary staff placed within hospital settings, and also employ a professional manager in the acute hospital. Another third of referrals come from GP practices – most practices have active links – and the remainder largely come from self-referral.

Roger noted that Social Services have a waiting list of up to six months currently, which makes value judgements about prioritisation of access to services a distinct necessity.

CG currently support around 8,500 patients county wide. In response to a query from Kate about distribution and uptake of services around the county, Roger revealed that the Stroud locality has the most carers – data supporting this is in the Joint Strategic Needs Assessment (JSNA) – see:

<http://www.gloucestershire.gov.uk/extra/article/92704/Gloucestershire-Joint-Strategic-Needs-Assessment-JSNA>

There are gaps in terms of provision of services for families with learning difficulties (particularly Autism/Asbergers). Many carers are unaware that they are entitled to a Carers Assessment – though noted that the timescale for delivery of these is somewhat extended.

Roger was asked to what extent the recent and ongoing changes in health services were impacting on Carers Gloucestershire. Roger noted that CG had strong representation on Healthwatch, and there is a quarterly forum at County Hall – with plans to roll out similar sessions at Stroud, Cheltenham and Tewkesbury.

In terms of how GP practices can help, Roger felt that they were important in two areas:

- i) As a “safety valve” – in terms of assisting patients with caring needs.
- ii) Some GP surgeries have Carers’ drop in sessions – for example, St Peter’s in Cirencester. Overton Park Surgery in Cheltenham ran a session in a local community hall and ran an event with input from surgery staff and GPs - this was attended by 35 carers.

Duncan noted the work that the practice had undertaken in recent months to identify carers in the community, to be better placed to offer carers the support they need. The website and leaflets in the waiting room (updated regularly by Wendy) should help in this regard.

Carers Gloucestershire relies heavily on trained volunteers, of which there are apparently 85 across the county. Of these, about half have (or have had) caring responsibilities. Details of voluntary jobs can be accessed on the website www.doit.org.uk.

It was suggested that it would be a good idea to build some form of profile-building for Carers Gloucestershire into the NHP Health Fair in the late Summer.

Kate thanked Roger & Wendy for attending, and their valuable insights, and looked forward to working with them in the future.

3. Minutes of last Meeting

These were accepted as a true record.

Matters Arising

Pharmacy Development

Duncan noted that this project has not advanced significantly since the last update, but that these projects do tend to be a long time in development.

AGM

It was noted at the last meeting that the AGM of the PPG needs to be scheduled for a meeting in the near future. Duncan apologised for not having got the appropriate nomination papers circulated to facilitate this, due to pressure of work. This should be scheduled for a meeting in the coming months.

NHS111

Further to the feature in the April edition of the Nailsworth News requesting feedback from patients in respect of their experience of NHS111, the perception was that patients were not reporting so many issues as hitherto. It is understood that significant changes had been made locally to improve services, and that some national changes may be afoot, too.

Waiting Room Media System

This is now installed, and should be commissioned in the coming weeks.

4. Patient survey

It was noted that the practice would be using the Improving Practice Questionnaire, or IPQ, survey again in 2013, and work on this would commence in the next few weeks. The PPG were happy that the standard survey should be used as hitherto.

This would allow for comparison with feedback in 2012. Once the results had been collated, they will be brought back for review at a PPG meeting, and published to the website, as in 2012.

5. AOB

None

6. Patient experience – public areas

After the meeting concluded formally, the PPG members were invited to feedback ideas in terms of the way in which the public areas could be improved. A physical review of the waiting area revealed numerous simple suggestions which could make for a better patient experience, such as:

- A freshening up of the paintwork in the reception lobby
- Tidying of the chlamydia promotion material in the reception lobby
- The removal of the table in the waiting room, as this gets cluttered with Patient Information Leaflets (PILs)
- The removal of the display cabinet in the waiting room, and the re-siting of the leaflet rack in the waiting room from its present location to nearer to the exit to the treatment rooms.

Duncan undertook to take these ideas forward.

Date of next meeting

Thursday 20th May April 2013 - 19:30 at Prices Mill Surgery