

SHIPSTON MEDICAL CENTRE

Patient Participation Meeting

7.30 pm – 9 pm Wednesday 4th May 2016

Shipston Primary School, Station Road, Shipston on Stour

Present from the practice:

Senior Partner: Dr Jane Gilder

Partners: Dr David Williams, Dr Sue Pritchard, Dr Paul Daniel, Dr Richard Levison.

Practice Manager: Mrs Rachel Vial

Deputy Practice Manager: Mrs Kirsty Andrews

Practice Nurse Manager: Mrs Corinne Beirne.

Over 75's Community Nurse: Mrs Heidi Williams

Over 75's Administrator: Ms Jeanneatte Wheeler

Introduction

Dr Jane Gilder, senior partner at Shipston Medical Centre, introduced herself and the rest of the team present at the meeting and welcomed everyone to the Annual Patient Meeting. The agenda for the evening was communicated and Barry Collier, from Age UK, and Debbie Anderson, from Moore and Tibbets Solicitors, were introduced.

Current Provision and future challenges at Shipston Medical Centre

1. Current Climate

Dr Gilder discussed the reduction in funding that primary care had received from an 11% total of the NHS budget to a current 7.6% even though 90% of patient contacts with the NHS are in primary care.

The challenges that primary care are experiencing include

- Increasing demand
- An ageing population
- Increase patient expectations and complexities.

Dr Gilder highlighted that the GP 5 year forward view had been published in the last 10 days and this discussed a package of increased investment into general practice. This increased investment should represent a 14% real terms increase in general practice by 2020/2021.

A sustainability and transformation package to help support struggling practices, develop and expand the workforce, both clinical and non-clinical, stimulate care redesign and tackle workload worth £508 million over 5 years has been created.

2. Care Quality Commission (CQC)

Dr Daniel introduced himself and then went on to talk about the CQC inspection that the practice had had on 1st March 2016. He explained that we had not received a report yet, but the feedback from the visiting team on the day was very positive and as soon as our report had been published the patients would be made aware.

Dr Daniel continued to explain the importance of patient feedback and showed the results of the Friends and Family Test for February 2016. From the 35 cards completed, 28 had said they would be extremely likely to recommend the practice to their friends and family and 8 had said they would be likely. Dr Daniel explained that although this looked like a very small number of responses compared to other practices in the Clinical Commissioning Group (CCG) this was a very good response rate. Dr Daniel thanked the Patient Group for their assistance in getting patients' to complete the cards.

Dr Gilder explained that the practice felt it was important to highlight the core values that the practice holds and how it continues to achieve these values.

3. Patient Centred Care

The practice's main value is that of offering good patient centred care. This is not only highlighted by the feedback through the Friends and Family Test but also via the national GP Survey, administered by Ipsos MORI and the NHS

Choices Website (<http://www.nhs.uk/>) where patients are able to leave comments.

Areas highlighting this value include:-

- Care Support
- Diabetic Care Educational Event – an audit following this event showed a significant improvement in diabetic control of those patients that attended. The nurses involved in this event won an award at the National General Practice Awards 2015 and two of the nurses have gone on to become DESMOND trainers for Warwickshire. DESMOND is an acronym for Diabetes Education and Self-Management for Ongoing and Newly Diagnosed. It is part of a school of patient education for people with diabetes developed by a number of NHS organisations. There are only 3 DESMOND trainers in Warwickshire and 2 currently work at the practice.
- Over 75's Event – this event brought numerous agencies together and offered all patients aged 75 and over to come and see what services were available to them.
- Involvement in local services – Dr Pritchard is involved with Drug Action Shipston (DASH), Dr Levison holds education sessions to new parents at the Children's Centre and Dr Williams is on the board of Shipston Home Nursing (SHN).
- Transport – the practice has an arrangement for Voluntary Action Stratford Upon Avon (VASA) drivers to collect patients to bring them to and from the practice for designated appointments and also now have scheduled urgent appointments to fit in with the Shipston Link bus, we also have our dispensary delivery service.

4. Community Focus

The partners of the practice provide local Out of Hours (OOH) cover every weekend and bank holidays at the Ellen Badger Hospital (EBH) and have recently purchased a laptop and software to enable them to access our own patient records if they attend the OOH service (EBH technology permitting!)

Nurse Heidi Williams has been leading the Over 75's program and has worked closely with numerous patients to ensure they have all the support they require and also ensuring that carers received the much needed support that they deserve. Heidi liaises very closely with Age UK, Social Services and other agencies.

5. Training & Development

Dr Williams introduced himself and then continued to explain the strong ethos that the practice has for training future GP's.

Drs Daniel, Levison and Marshall are all accredited trainers for the Medical Students that come to the practice on placement from Warwick University. The students come for block sessions of one day a week for a period of 8 weeks to gain practical experience. The practice has two students on a Tuesday and 2 on a Wednesday for 3 block sessions each year.

Drs Gilder, Pritchard and Williams are GP trainers who mentor the GP trainees that the practice takes. These trainees are either on a 6 month or 1 year rotation and come from either the Banbury or the Warwick scheme. They are all qualified competent doctors who are completing their final three years of study for their speciality.

Dr Williams explained that the downside to having trainees in the practice is the impact that it has on the availability of GP appointments due to the trainers supervising the learners, but undertaking training has enabled Shipston to recruit a very high standard of qualified doctors such as Dr Levison, who had previously been a trainee in the practice and who stayed after qualifying.

6. Excellence

Dr Pritchard introduced herself. Dr Pritchard stated that 25% of the practice populations are over the age of 65 years, compared to 16% nationally. This

puts our population in the demographic of where the rest of the country will be in 2050.

Shipston has been working towards becoming a dementia friendly community. Dr Pritchard and Alison Spence set up a steering committee to try and achieve this status for the town. Training sessions have been taking place at New Clark House for businesses interested in becoming dementia friendly.

There are a number of dementia groups now set up in the town and they are as follows:-

- Dementia resource café – monthly
- Singing for the Brain (down memory lane) – monthly
- Activity Sessions held at the church for people with dementia – fortnightly

Support is also available from the Stour Valley Carers.

Dr Pritchard was also very pleased to announce that as of 3rd May 2016 Shipston had met the foundation criteria for becoming a dementia friendly community and now will continue to work towards full accreditation.

Dr Pritchard emphasised how this shows the strong community spirit that is present within Shipston and the surrounding areas.

Another area of Excellence that Dr Pritchard spoke about was the 'Good to Great' programme that the whole team at Shipston Medical Centre had worked towards. This was a CCG funded 6 month program to improve End of Life Care for patients.

The training had highlighted the importance of palliative care being available to everyone who was reaching the end of their life and not just patients suffering from cancer. The practice Gold Standards Framework (GSF), which is for patients who are nearing their end of life, had increased from a

5:1 ratio of cancer to non-cancer to a 1:5 ratio of cancer to non-cancer patients.

An audit was completed at the beginning of the training and then again at the end of the training and it had shown improvements in all areas.

Prior to the program 72% of our patient had died in their preferred place of death and after the training this had increased to 90%. Hand over information to the OOH service of patients on the GSF to ensure all up to date detailed information was made available had increased from 70% to 100%. There had also been a reduction in the number of unplanned admissions to hospital of GSF patients.

The practice had produced a leaflet of all organisations and contact numbers that are useful to families and carers when their loved ones are nearing the end of their life.

This year Dr Richard Levison will be leading on patient focused diabetes care in the community. More information about this will follow later in the year.

7. Areas of development for the future

Dr Richard Levison introduced himself and then discussed the areas of development that the practice would be focusing on in the future. These areas were:-

- Reducing waste – Reducing the number of 'Did not Attend' (DNA) appointments, ensuring the correct healthcare professional is seen for the type of appointment booked and a reduction in the amount of duplicated work are all areas the practice will be working on.
- Dispensary – Reducing the amount of wasted medication by preventing over ordering and timely changes to patient medication

Changes to the management of long term conditions

Dr Levison explained that the practice is trying to streamline the management of long term conditions. Due to the changes in medical science and healthcare people are now living longer but some with more chronic diseases than in the past. Historically the practice has dealt with just one chronic disease per appointment but it is now looking to manage more chronic diseases in one longer appointment. For example patients with both high blood pressure and heart disease could have both reviews completed in one appointment.

Launching the Patient Participation Group (PPG)

David Farman introduced himself as the chairman of the PPG and talked about the role of the group within the practice.

There has been formal models of patient involvement since 1972 and approximately two thirds of practices in England and Wales now have a formal PPG. Shipston has had a formalised PPG since 2011 which was reconstituted, with revised terms of reference, in 2015 and then expanded in April 2016 with new committee members.

The committee comprises of 10 patients and meets quarterly with the practice manager and Dr Jane Gilder and then less formally in members' homes. The committee communicates with a wider PPG primarily by email, and it encourages other members to contribute to the meeting agenda and receive meeting minutes, supporting papers and other documents.

An effective PPG works with the practice to offer a patient perspective on services provided and helps the practice to make the most effective use of its resources. It fosters improved communication between the practice and its patients and helps patients to take more responsibility for their own health. It should offer practical support to the practice and seek to influence commissioning decisions.

A PPG is not a forum for complaints nor a doctors' fan club. It should have the confidence to challenge the practice as a "critical friend" and it should be patient led and well organised. It is not the responsibility of the practice.

The PPG can represent the voice of the patient community at both practice and CCG level but can only be effective if patients are involved. The PPG would like to recruit members' from a broad cross-section of the practice population.

If you are interested in joining please email Shipstonppg@gmail.com. If you do not have access to email please pass your detail to Rachel Vial, Practice Manager, and she will pass them on to the PPG.

Rachel Vial, practice manager, thanked the PPG for all their input in to the practice.

Lasting Power of Attorney for Health & Wellbeing: do you need one?

Barry Collier from age UK gave a brief overview about Age UK Warwickshire.

5 years ago Help the Aged and Age Concern merged and formed Age UK. Age UK Warwickshire has its head office in Leamington Spa and other offices located around Warwickshire with one in Stratford Upon Avon. Their aim is to help older people live independently. The majority of their services are available to people aged 50 upwards but are generally not used by people younger than 65. They operate from funds raised by their 16 charity shops within Warwickshire and legacies, donations and other fund-raising events.

Approximately 10,000 people use their services within the course of a year.

They offer the following services:-

- Information & Advice
- Housing
- Home Support Services
- Health & Wellbeing

- Legal advice clinics

All information is available on their website or from local offices.

Debbie Anderson from Moore and Tibbets Solicitors introduced herself and then spoke about Lasting Power of Attorneys (LPAs).

There are two types of an LPA. A Lasting power of Attorney for Finance and a Lasting Power of Attorney for Health & Wellbeing.

Lasting Power of Attorney – Finance

With all LPA's you can have as many attorneys as you wish and they can work independently or jointly. If it is a joint LPA everyone has to work together and things can only be discussed if everyone is present. For example a cheque would require all signatures. The LPA provides your attorney with the ability to do anything with your finances that you would normally do if you were well enough. Without an LPA it can take 6 months or more before any access to money or property is granted by the court and can cost in the region of £3,000 - £5,000 plus court fees.

Lasting Power of Attorney – Health & Wellbeing

A LPA-Health & Wellbeing are designed for attorneys to make decisions about a person's care if they lack capacity. They prevent an unknown third party making a decision about your care if all the next of kin do not agree.

An LPA can be completed online it does not require a solicitor. They can be located on the Office of the Public Guardian website.

(<http://www.gov.uk/government/organisations/office-of-the-public-guardian>)

Questions Requiring Input

Dr Gilder explained that there were some areas that the practice would like to gather patients' thoughts on. The patients were split into groups of 4-5 to discuss the following areas. Dr Gilder asked them to be honest with their feedback and ask any questions they have. The areas for consideration were:-

- How can demand on the service be reduced?
- What matters to you most?
- What better ways could the service be delivered?
- What do you worry about?
- Is there anything else you would like to comment on?

The feedback on the above areas was as follows:-

- How can demand in the service be reduced?
 - Try to do more preventative measures. Encourage people to be as active as possible
 - Education to prevent over self-diagnosis – to be reasonably sure there is a problem before seeking help
 - The waiting room is too hot! Encourage an APP for keeping a real count of how many packets of medicine are still in my house.
 - Prevention is better than a cure – encourage people to help themselves.
 - Seeing pharmacist for minor illness
 - Making everyone aware of looking after themselves in everyway
 - Senior nurse to sift the calls, offer just advice and reassurance
 - Give talks to the schools about life in the surgery and emphasise keeping healthy
 - Much of what you strive to achieve is bigger than all of us.
- What matters to you most?
 - That I can see a doctor when I think I have a problem
 - That I see a doctor sooner rather than later
 - That my doctor understands me
 - That I can see or speak to a doctor when I am ill
 - Getting an appointment when required
 - Continuity - Holistic approach – One problem may affect another – The body to be treated as a whole

- The most important thing for me is to get an appointment with my registered GP without delay.
- Quicker appointment service to doctor of your own choice not a chat over the phone to an unknown doctor who is a stranger
- To be able to stay in my own home.

- What better ways could the service be delivered?
 - To have a list of GP's stating which specialisms they have e.g. if an unsure patient wants to discuss end of life care for a relative the list would give them a starting point.
 - Health topic seminars – short sessions 4 times a year in each village. An hour to meet your doctor (for those of us who don't go often!)
 - Rather than “try this, try that” and see if it works - Speedy access to specialists
 - Could patients be persuaded to seek advice from pharmacists rather than bother the doctor first?
 - Housing development will increase the numbers of patients – what plans do you have to cope?
 - Reduce waiting time! Ensure appointments are long enough – be realistic with time but this would increase waiting lists! More Doctors?
 - Offer joint appointments with patients for less time than two appointments
 - Ensure that the healthcare capacity is adequate for a growing population.
 - Charge people for missed appointments

- What do you worry about?
 - Time wasted in surgery
 - I fear the imposition of “one size fits all” solutions that might suit residents of towns with excellent public transport links but which would disadvantage rural communities

- Having a heart attack or sudden illness and being an hour from a “proper size” hospital. Will the helicopter already be out helping someone else?
 - Being ill.
 - Not being able to manage
 - That doctors are encouraged to limit/delay referrals to specialists
 - Over stressed doctors due to high level of new housing planned for Shipston area
 - Not enough GP’s for increasing population of Shipston
 - Development of more housing – Medical Centre not able to cope – Longer waits to see doctor.
 - Concern for Medical Centre managing with planning agreed for so many extra houses.
- Is there anything else you would like to comment on?
 - What do doctors feel about Advance Directives (Living Wills)?
 - Is there someone who specialises in young people’s mental health?
 - Keep the cat out of the waiting room
 - Could GP’s arrange free swimming time? Pool empty fairly often.
 - Blacklist patients who miss too many appointments
 - More houses, more people, how can the surgery cope? Parking is becoming more of a problem.
 - We are very satisfied with the service provided
 - The service is already excellent – what can we do to help keep it that way?
 - Being reasonably healthy, I have little request to use the Medical Centre but when I have the service has been excellent.

Dr Williams thanked all the patients for their comments and explained that they would all try and talk through some of the points and concerns raised by the group. Each area was taken in turn.

- How can demand in the service be reduced?

Dr Williams read out the comments detailed above and explained that demands on the service could be reduced by people only accessing the service when they need to. The preventative measures that the service already offer included exercise and Slimming World on prescription both funded by Warwickshire County Council, Self-Care Booklets and also trying to raise patient awareness.

- What matters to you most?

Dr Levison went through the comments made on this area and spoke about how the practice was trying to improve access to patients for an urgent appointment by now using the triage system and open surgeries, providing advice to patients who could administer self-care without the need for an appointment. Dr Levison also briefly went over the chronic disease management system that the practice was hoping to roll-out very soon which would hopefully reduce the number of appointments patients would require for their chronic disease management.

- What better ways could the service be delivered?

Dr Pritchard discussed the themes that were present within the comments in this area.

Capacity was a common theme especially with concerns over the increased housing planned for Shipston. Dr Pritchard explained that the practice was still trying to secure funding for a new build but currently nothing had been agreed.

A suggestion was made for charging patients who did not attend an appointment. This is not allowed in the NHS but the practice does try and contact patients that do not attend, especially where longer appointments have been missed. Rachel Vial explained that the practice DNA rate was around 4% and that nationally anything under 8% is considered low.

The suggestion of patients using a pharmacist for advice was mentioned; Dr Pritchard said that the practice website does signpost patients to using other professionals for advice and it also contains details of the doctors specialist areas as this was also felt to be useful for patients to know.

Finally a comment about speedy access to specialists was made. Dr Pritchard explained that the doctors do have consultant helplines that allow them to discuss cases direct with a specialist in the areas of Psychiatry, General Surgery and Care of the Elderly.

- Is there anything else you would like to comment on?

Many of the comments raised under this section had already been discussed when reviewing the previous areas comments. Dr Gilder confirmed that all doctors would encourage patients to prepare an advance directive.

- What do you worry about?

Dr Gilder went through the comments made and explained that the practice is trying to manage the increasing population by not only trying to bid for a new build but also by having a more diverse team to make the care of the range of patients more efficient. She continued on by saying what works well for an urban service does not always work well for a rural service like Shipston.

Finally Dr Gilder finished by saying that all the doctors and staff at the medical centre work together to make a very special team and that the team work is what ensures that we continue to try and provide the best service available.

Dr Gilder thanked everyone for attending the meeting and encouraged them to continue to provide feedback as it is very useful for the practice to have the thoughts and comments of their patients.

GLOSSARY

Care Quality Commission (CQC) – An independent regulator for health and social care in England. It makes sure services such as GP surgeries provide people with safe, effective, compassionate and high-quality care, and encourages these services to improve.

Clinical Commissioning Group (CCG) – Are a core part of the Government's reforms to the health and social care system. In April 2013, they replaced care trusts as the commissioners of most services funded by the NHS in England.

Did Not Attend (DNA) – Terminology used for when a patient does not attend a previously booked appointment with a GP or Nurse.

Drug Action Shipston (DASH) – A Shipston based charity that provides education about alcohol and drugs and supporting youth work in the town.

Gold Standards Framework (GSF) – This is a national training programme that enables frontline staff to provide a gold standard of care for people nearing their end of life.

Out of Hours (OOH) – A service that operates outside of normal surgery hours to ensure that the NHS meets its pledge of providing services at a time that is convenient to patients.

Patient Participation Group (PPG) – A group of patients that work with their practice to offer a patient perspective on services provided and aims to help the practice make the most efficient use of its resources.

Shipston Home Nursing (SHN) – A local charity whose purpose is to care for terminally ill people who wished to be nursed at home. The service is run by a team of qualified nurses specialising in palliative care.

