The Swineshead Medical Group

**Fairfax House Patient Forum**

**Minutes of the meeting held on 6th March 2019**

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| **Present** | | Mrs Angela Ball (AB) (Chair) Mr Michael Atkinson (MA)  Mrs Barbara Connolly (BC) Miss Deanna Ginns (DG)  Mr Gerald Greatrix (GG) Mrs Ava Harding-Bell (AHB)  Mrs Linda Jordan (LJ) Mr Derek Machin (DM)  Miss Phyllis Marshall (PM) Mrs Janet Poston (JP)  Mrs Sandra Thompson (ST)  Mr David Harding (DH) (Practice Manager) | |
| **Apologies** | | Mrs Margaret Down (MD), Mr Ramon Kemmett (RK), Mr William McAreavey (WM), | |
| **In Attendance** | | Cherokee Chamberlain (CC) – Social Prescrbing | **Actions** |
| Mrs Ball welcomed everyone to the meeting and thanked everyone of such a good turnout.  The meeting began at 6.30 p.m. | | | |
| **1.** | **Cherokee Chamberlain** (Social Prescribing) gave a presentation on her role and how she can help patients navigate the different services available.  She has a clinic in the practice on a Thursday morning but will meet patients/clients in other locations such as local café or their own home. | |  |
| **2.** | **Apologies –** as above | |  |
| **3.** | **Minutes of Last Meeting –** 23rd January 2019  Amendment required – Mrs Thompson sent her apologies and was not at the meeting.  Matters Arising – Nil of note | |  |
| **4.** | **Practice Update**   * Complaints   + Son seen by GP with cough (Pt Asthmatic) GP reassured but did not prescribe anything. Patient then had to be admitted whilst in Chesterfield. Discharged and then a couple of days later admitted to Pilgrim. Letter sent saying difficult to predict and hope patient is getting better.   + Receptionist said she would call back to arrange a med review home visit. Patinet then called again a month later. Review of med review home visit system and letter of apology   + Member of staff has formally complained to Dr Kelly saying they do not like Mr Harding’s management style. Acknowledgment letter sent 4 Mar 19. * Compliments   + Dr Kelly has received a letter from a grateful patients daughter for caring for her mother so well. * Suggestions – Nil * Significant Events – Nil of note * Staff Changes   + 28 Feb 19 – Sarah Baxter (DPM) left. Had 29 applicants. Narrowed down to 8. Interviews on 12 March 19. | |  |
| **5.** | **Update on Fundraising Activities**   * Current funds available – see annex A to these minutes. * DH suggested the nurses might like a new pro-pulse ear syringing machine. DH to find out cost. | | **DH** |
| **6.** | **Healthwatch update**  AHB gave an update on the meeting she attended on the 1st March 19.  A copy of her notes are attached at annex B | |  |
| **7.** | **NAPP Newsletters**  DH gave out February issue of NAPP  AHB asked if the practice had a member’s login for the website. DH said he has a login but is having issues with the generic email address. As soon as this is sorted he will email out the details to the PPG members. | | **DH** |
| **6.** | **Volunteers for Vice Chair**  AB explained that we had two volunteers – Ava Harding-Bell and Sandra Thompson. It has been decided that each member of the group would have a vote. Ballot papers were distributed and each member vote. The result was collated by AB and verified by DH. DH announced that Sandra Thompson was voted as the Deputy Chair. Congratulations Sandra. | |  |
| **7.** | **Video Consultations**  DH explained to the group that we were going to be trailing video consultations. This will not save the GP’s any time but will be advantageous to some patients who cannot get to the surgery. The video consultation will be via the patient mobile smart phone or PC/laptop to the practice laptop. The patient will be able to see the GP via a web-link similar to facetime. This is a secure method of consultation and each consultation will be set up as an individual chat room with just the two participants. This is so other patients cannot access the private consultation. This will not suit all patient or conditions as the GP will not be able to physically examine the patient. However consultations like medication reviews should be able to be done this way.  The GP will be trained at the end of March and it should go live WEF the 1st April. | |  |
| **8.** | **AOB**  JP said one of her friends has moved to the village and moved from Liqourpond Street Surgery. She could not believe the difference and thought the triage system was fantastic. | |  |
|  | **Date and Time of Next Meeting - AGM**  Wednesday 17th April at **6.30 pm** | |  |

Annex A

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| **Fairfax House Forum - Statement of Accounts** | | | | |
| **WEF 01 Mar 19** | |  |  |  |
| Date | Reason | Income | Expenditure | Balance |
|  |  |  |  |  |
| 01-Apr-18 | b/fwd | £12,693.97 | £10,692.22 | £1,986.75 |
| 01-May-18 | Books | £37.00 |  | £2,023.75 |
| 01-Jun-18 | Books | £42.00 |  | £2,065.75 |
| 05-Jun-18 | Doppler |  | £455.51 | £1,610.24 |
| 05-Jun-18 | Doppler Probe |  | £243.79 | £1,366.45 |
| 05-Jul-18 | Books | £80.90 |  | £1,447.35 |
| 02-Aug-18 | Books | £65.00 |  | £1,512.35 |
| 03-Sep-18 | Books | £53.00 |  | £1,565.35 |
| 10-Sep-18 | Swineshead Village Concert | £125.00 |  | £1,690.35 |
| 01-Oct-18 | Books | £55.00 |  | £1,745.35 |
| 04-Oct-18 | 50% Portable Vaccine Fridge |  | £175.00 | £1,570.35 |
| 10-Oct-18 | Flu Clinic Raffle | £53.11 |  | £1,623.46 |
| 10-Oct-18 | Flu Clinic Cake Stall | £134.11 |  | £1,757.57 |
| 30-Oct-18 | Patient Donation | £10.00 |  | £1,767.57 |
| 01-Nov-18 | Books | £80.00 |  | £1,847.57 |
| 01-Dec-18 | Books | £38.46 |  | £1,886.03 |
| 24-Dec-18 | Christmas Hamper | £203.00 |  | £2,089.03 |
| 24-Dec-18 | Christmas Hamper ingredients | £0.00 | £15.00 | £2,074.03 |
| 03-Jan-19 | Books | £60.00 |  | £2,134.03 |
| 01 Feb 19 | Books | £48.00 |  | £2,182.03 |
| 28 Feb 19 | Books | £37.00 |  | £2,219.03 |
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**Annex B**

**Healthwatch Lincolnshire Board Meeting in Public Friday 1st March 2019. 10am to 1pm.**

**Report prepared Monday 4th March 2019**

We heard a presentation from Dr Adrian Brooke (Post Graduate Dean for East Midlands, Health Education England, and James McLean (Local Director from Health Education East Midlands.)

They spoke with passion about how the workforce in England and in our large county would need to change radically, given the current and future situation of NHS workforce which makes it difficult for them to get the necessary NHS doctors and nurses to come and live and work in Lincolnshire with regards to recruitment and retention.

They spoke of changing profiles of skill sets, with our diverse population and that we are indeed a very large county and one of the most deprived too..

Dr Brooke's spoke of us having a 7 day NHS service, and how Primary healthcare is changing, with nurses up skilling to carry out the work that Consultants would have done in the past, along with Skype Consultations with your consultant from your doctor's office instead of attending a hospital.

Artificial Intelligence and Bio informatics. where analysis will help greatly in early diagnosis of potential illnesses.

Digital wearable's such as (Fit Bit) to monitor health conditions, that is fed back into an app and keeps clinicians up to date with your health.... It's being called radically wearable technology.....This is already being trialled in another area.

It could save 55,000 lives a year via early diagnosis. Autism, Mental Health/Young People and Cancer were mentioned as being ideal for the benefits of the plan.

**We had a presentation by Sarah Fletcher Chief Executive Officer of Healthwatch Lincolnshire on the NHS Long Term Plan, which will bring changes to meet the needs of our rural area much sooner**.

**STP Sustainability and Transformation Partnership**. These are areas covering all of England, where local NHS organisations and councils drew up shared proposals to improve health and care and to plan around the long-term needs of our local communities.

**ICS Integrated Care System**: a local partnership evolving to form an integrated care system. This will be a new type of even closer collaboration . In an integrated care system. NHS Organisations, in partnership with Lincolnshire County Council and others will take collective responsibility for managing resources, delivering NHS standards and improving the health of population they service.

**CCG's Clinical Commissioning Groups** were created following the Health and Social Care Act in 2012. it replaced Primary Care Trust on the 1st of April 2013. They are clinically led statutory NHS bodies responsible for the planning and commissioning of health care services for our local area.

**We belong to LINCOLNSHIRE EAST CLINICAL COMMISSION GROUP**.

**Lincolnshire County Council** is responsible for commissioning our statutory services such as adult and children's care, public health and housing. and will take on a larger remit in commissioning in the near future.

**Primary Care**: Primary care services provide the first point of contact in the healthcare system, acting as a front door of the NHS, Primary care includes general practice, community pharmacy, dental, and optometry services and Acute or secondary care.

Long Term Plan.

1. **Making sure everyone gets the best start in life.**
2. **Delivering world -class care for major health problems.**
3. **Supporting people to age well.**

There will be big changes in Urgent and Emergency ~Care.

**Urgent Treatment Centres (UTC's**) and GP extended hours will be new in Lincolnshire, they will play a central role in providing urgent care to people, and protect A & E services for those patients who need specialist emergency care. (The Sidings Hub)?

In **Primary Care** (Our Doctors)etc, aim would be to keep us out of hospital and in the community.

There are **13 Neighbourhood teams** (District Nurses, Social Workers, everyone you would need) who will focus on prevention and proactive care, with several services in the community coming together to reduce unnecessary hospital admissions.

Community hospitals and primary care hubs will be part of the neighbourhood team network in delivering care in the community and closer to home.

Keeping people well and healthy by raising awareness of the importance of self-care and leading healthy, independent lives, .

Social prescribing will help people access services to support them in their own personal health and wellbeing and a directory of services will signpost people to useful community groups.

Hospitals will primarily support those patients who require emergency or planned care.

In all it was a very upbeat meeting with a vision to our present and future in our health care , we were told emphatically that things will change as they have to.

As patients we will have a chance of input in " Healthy Conversations" that we can be involved in.

When the dates for Meaningful Conversations are released I will let you know.

As a PPG this is an ideal time to grow in our remit as a PPG to help build relationships with all the agencies mentioned and others yet to evolve, so we can go to the patients and let them know the positive messages these changes will bring. We can hold information events and use Swineshead Life, Social Media, and the by filling in The Healthwatch Lincolnshire Survey, and send it back with what we would like to see happen. It is up to us both as a PPG and patients to have a voice and let them know what we would like and where we would like to most have our care situated.

We have a large practice, and Healthwatch Lincolnshire would like to hear from the patients what they would like to see, to shape the future of healthcare in this area.

Ava Harding-Bell

Swineshead PPG

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